
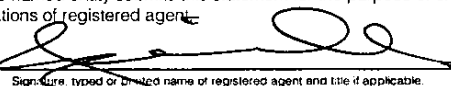
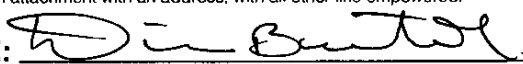


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000053355 1. Entity Name SAND PEBBLE, INC.					
Principal Place of Business 2218 GULF DRIVE NORTH BRADENTON BEACH, FL 34217				Mailing Address 2218 GULF DRIVE NORTH BRADENTON BEACH, FL 34217	
2. Principal Place of Business 4261 Mackay Falls Dr. 4261 Mackay Falls Dr.		3. Mailing Address 4261 Mackay Falls Dr. 4261 Mackay Falls Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-0841229	
Zip 34243		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, JEROME S ESQ 1680 FRUITVILLE ROAD SUITE 102 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 12-20-04	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME BARTOLI, DIANE		<input type="checkbox"/> Delete		
STREET ADDRESS 4411 MCINTOSH LAKE AVENUE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP SARASOTA, FL 34233			34243-4260		
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 			700043652617		
CITY-ST-ZIP 			12/27/04--01092--012 **150.00		
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 			<input type="checkbox"/> Delete		
NAME 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 					
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 12-20-04	
				Daytime Phone # 9419314974	

FILED

04 DEC 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004