


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 AUG 12 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-09
400159515164
08/12/09--01037--009 **1200.00
CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000045142

1. Corporation Name

SANDMILL HOLDINGS II, INC.

2. Principal Office Address - No P.O. Box #

1450 Madruga Ave

Suite, Apt. #, etc.

408

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

1450 Madruga Ave

Suite, Apt. #, etc.

408

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1002447

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge Luis Lopez-Garcia, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1450 Madruga Ave

Suite, Apt. #, Etc.

408

City

Coral Gables

State

FL

Zip Code

33146

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/27/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Faraj, Jorge Alberto	6902 NW 111th Ave	Miami, FL 33178

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617 0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Alberto Faraj, Director

04/14/2009

Date

Daytime Phone #