

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 DEC 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LD 12.20.07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

S01227
SANDY WALLIN, INC

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

270 HAMPTON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

KEY BISCAVNE, FL

City & State

FLORIDA

Zip

33149

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/90

5. FEI Number

650226729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$2.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-07

7. Name and Address of Current Registered Agent

Name

PETER WALLIN/SANDY WALLIN

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

270 HAMPTON LANE

Suite, Apt. #, Etc.

KEY BISCAVNE

City

KEY BISCAVNE

State

FL

Zip Code

33149

☒ 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

Peter A. Wallin

Date 12/14/07

REGISTERED AGENT MUST SIGN

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
DIRECTOR	SANDY WALLIN	270 HAMPTON LANE	KEY BISCAVNE 33149
DIRECTOR	PETER WALLIN	270 HAMPTON LANE	KEY BISCAVNE FL 33149
			500013217965 12/18/07--01011--021 **1200.00

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:

Peter A. Wallin

PETER R. WALLIN

Date

12/14/07

Daytime Phone #

(305)

773-7773