

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **503989**

1. Corporation Name

SANDCASTLES INC. of Southwest Florida

2. Principal Office Address

401 WEXFORD WAY

Suite, Apt. #, etc.

City & State

EASLEY SC

Zip

29642-8981

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

SC

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/28/1990

5. FEI Number

65-02-18064

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 (See Change Form)

Name

new - Pamela D. Kellar

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

new 1625 W. Marion Ave

Suite, Apt. #, Etc.

new - Suite 2

City

new - Punta Gorda

State

FL

new 33950

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

Date **8/28/02**

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
(P) PRES.	MIRIAM HENDRICKS	401 WEXFORD WAY	EASLEY, S.C. 29642

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 under section 119.07(3)(i), 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:

MIRIAM HENDRICKS

8-19-02

864.455-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MH

CR2E001 (8/01)

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August 20, 2002

To Whom It May Concern:

From: Miriam Hendricks, Pres.
Sandcastles Inc. of Southwest Florida

Re: Reinstatement of corporation penalty

I am requesting that the \$600. penalty be waived from the reinstatement fee because I did not receive notification of reporting from the Dept. of State. I had notified the office of change of address at the time but received no correspondence until I inquired by telephone. I was then sent a notice that the corporation had been dissolved.

Enclosed is \$915. to reinstate the corporation as well as a check for \$35. to change the registering agent. Please call me at 864-455-4010 if you have any questions. Thank you for your consideration.