

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 FEB -3 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 584961

1. Corporation Name

BRY SAND INC.

Principal Place of Business

Mailing Address

7256 W. ATLANTIC BLVD
MARGATE FL 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Address, If Applicable

AS ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida

10-4-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0287022

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	BRYAN SMITHLINE	7591 N.W. FIRST ST.	MARGATE FL 33063
SEC.	SANDRA SMITHLINE	7591 N.W. FIRST ST.	MARGATE FL. 33063

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRYAN SMITHLINE
7591 N.W. FIRST ST
MARGATE FL 33063

Name

200002078402--9

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

02/03/97--01054--005

Suite, Apt. #, Etc.

***1575.00 ***1575.00

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-27-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

SANDRA SMITHLINE

1-27-97

979-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)