

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

**01 JAN 31 AM 8:54**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT #** V41265

**1. Corporation Name**

**J & B Sand Company**

**2. Principal Office Address**

548 Bob Sikes Blvd.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32547

Country

USA

**3. Mailing Office Address**

548 Bob Sikes Blvd.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32547

Country

USA

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

6-04-92

**5. FEI Number**

59-3125350

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Ella Ruth Parish

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

548 Bob Sikes Blvd.

Suite, Apt. #, Etc.

City

Ft. Walton Beach

State  
**FL**

Zip Code

32547

0000036555701-4

-02/07/01--01021--018

\*\*\*1050.00 \*\*\*1050.00

**REINSTATEMENT**

*OP-01*

**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

Ella Ruth Parish  
REGISTERED AGENT MUST SIGN

Date Nov. 1 2000

**KE**

**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
Pres.	<u>Ella Ruth Parish</u>	<u>548 Bob Sikes Blvd.</u>	<u>32547</u> <u>Ft. Walton Beach, FL</u>
V.Pres			
Sec-Tres	<u>John R. Parish</u>	<u>2385 PLACID DR.</u>	<u>32547</u> <u>Ft. Walton Beach, FL</u>

**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:**

Ella Ruth Parish  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00

Date

8508624129

Daytime Phone #