

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # V41265

1. Corporation Name

J & B SAND COMPANY

03 JAN 27 AM 9:31

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

01/27/03--01060--002 \*\*308.75

Principal Place of Business

548 BOB SIKES BLVD  
FT WALTON BEACH FL 32547  
US

Mailing Address

548 BOB SIKES BLVD  
FT WALTON BEACH FL 32547  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1992

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PARISH, ELLA RUTH	548 BOB SIKES BLVD	FT WALTON BEACH FL 32547
<del>VPST</del>	<del>PARISH, JOHN R</del>	<del>2385 PLACID RD.</del>	<del>FT WALTON BEACH FL 32547</del>
VPST	PARISH, JOHN R.	548 Bob Sikes Blvd.	Ft. WALTON BEACH, FL 32547

8. Name and Address of Current Registered Agent

PARISH, ELLA RUTH  
548 BOB SIKES BLVD  
FT WALTON BEACH FL 32547

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*ELLA RUTH PARISH*  
REGISTERED AGENT MUST SIGN

Date

1-22-03

11. 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

Date

1-22-03

Daytime Phone #

1-850-862-4129

CR2E040 (8/02)

J & B. SAND Co.

548 Bob Sikes Blvd.

FORT WALTON Bch., FLORIDA

32547

To Whom it may concern,  
We did not receive our two  
notices for filing our report due  
to vandals. We are asking for  
a waiver. We are sending \$300.00  
for the 2 years. We are also  
requesting a Certificate of Status.  
We are enclosing \$8.75 for this  
with our total.

Thanking You in Advance

Ella Ruth Parish

ELLA RUTH PARISH  
REGISTERED AGENT