

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 MAY -8 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755968

1. Corporation Name

SANDCASTLE CONDOMINIUM ASSOCIATION OF JACKSONVILLE
BEACH, FLORIDA, INC.

2. Principal Office Address

707 S 1ST STREET

Suite, Apt. #, etc.

SUITE 101

City & State

JACKSONVILLE BCH, FL

Zip

32250

Country

USA

3. Mailing Office Address

707 S 1ST STREET

Suite, Apt. #, etc.

SUITE 101

City & State

JACKSONVILLE BCH, FL

Zip

32250

Country

USA

REINSTATEMENT 00-02

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

1/20/1981

5. FEI Number

59-2168495

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

LAWRENCE R. PATTERSON

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

3010 S THIRD STREET

Suite, Apt. #, Etc.

SUITE A

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

Lawrence R. Patterson

Date 4/30/02

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
DP	MAC MCKENZIE	707 S 1ST ST, #501	JACKSONVILLE BCH, FL 32250
DST	DAVID P. MESSERLIE	707 S 1ST ST, #601	JACKSONVILLE BCH, FL 32250
D	RICHARD DAWSON	707 S 1ST ST, #104	JACKSONVILLE BCH, FL 32250
D	MIKE FRASER	707 S 1ST ST, #201	JACKSONVILLE BCH, FL 32250
D	LARRY COOKE	707 S 1ST ST, #203	JACKSONVILLE BCH, FL 32250
D	MARGARITA ARRUZA	707 S 1ST ST, #304	JACKSONVILLE BCH, FL 32250

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:

David P. Messerlie

DAVID P. MESSERLIE

4/30/02

(904) 241-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)