

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 MAR -7 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727861

1. Corporation Name

ISLAND CLUB
CONDOMINIUM, INC.

2. Principal Office Address

5701 OVERSEAS HWY.
Suite, Apt. #, etc.
7

3. Mailing Office Address

P.O. Box 56
Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

Zip

33050

Country

USA

Zip

33050

Country

USA

REINSTATEMENT 03-05

MRS

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1973

5. FEI Number

59-1679059

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875*Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BENJAMIN ROCHE CPA

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

5701 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.

STE # 7

City

Marathon

200048401522
03/15/05 State 1012 Code 12 **183.79

FL

33050

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

Benjamin Roche

REGISTERED AGENT MUST SIGN

Date

2/28/05

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
PRB.	DALLENE J. LAVILLE	9 SOMBRENO BLVD #104	Marathon FL 33050
VIC. PRES.	CHARLES FISCITER	9 SOMBRENO BLVD 100	Marathon, FL 33050
SECT.	KATHLYN L. CLAUDIO	9 SOMBRENO BLVD #212	Marathon, FL 33050

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:

Dallene J. LaVillle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05

Date

305-743-7532

Daytime Phone #

CR2E081 (01/04)