

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000423

1. Corporation Name

ISLAND CLUB WEST HOMEOWNERS
ASSOCIATION, INC.

2. Principal Office Address

3100 SAND MINE RD.

Suite, Apt. #, etc.

3. Mailing Office Address

3100 SAND MINE RD

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

Zip

33897

Country

USA

Zip

33897

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07 2001

5. FEI Number

59-3732542

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

DAVID MEADOWS

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

400 SADDLEWORTH PLACE

Suite, Apt. #, Etc.

City

HEATHROW

State

FL

Zip Code

32746

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

[Signature]

Date

12/17/02

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
<u>P</u> <u>D</u>	<u>DEANNA MEYNER</u>	<u>3100 SAND MINE RD</u>	<u>DAVENPORT, FL 33897</u>
<u>S.T</u> <u>D</u>	<u>LINDA CLARK</u>	<u>3100 SAND MINE RD.</u>	<u>DAVENPORT, FL 33897</u>
<u>D</u>	<u>DAVID MEADOWS</u>	<u>3100 SAND MINE RD.</u>	<u>DAVENPORT, FL 33897</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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/02

Date

863-424-0909

Daytime Phone #

CR2E081 (9/01)

jr 12/30



December 18, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Ref Document # N00000000423

To Whom It May Concern:

As per my conversation with your examiner, Barbara, attached is a corporation reinstatement with no payment included. She explained the reason for the "inactive" status for Island Club West Homeowners Associations, Inc. was due to an administrative dissolution. She further explained that a letter was sent to us on or about May, 2001 requesting the FEI number. We did not receive such letter. We then mailed out our Annual Report for 2002 along with our payment of \$61.25. Again, she stated that another letter was sent to us on or about June of this year. And again, we did not receive such letter.

Therefore, we are respectfully requesting a reinstatement of our corporation. Please do not hesitate to contact me if you have any further questions, at 863-424-0909, ext. 2022.

Happy Holidays,

Charo Quiles
Controller