PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -6 PM 12:54

DOCUMENT # N00334

1. Corporation Name

**ISLAND WAY ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 4142<br>TEQUESTA FL 38469<br>US | P O BOX 4142<br>TEQUESTA FL 33469<br>US |

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

REINSTATEMENT 00-01

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/1983

5. FEI Number: 59-2670276 ☐ 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| ~~VPD~~ | ~~GRIFFIN, MARK~~ | ~~9408 S E ISLAND PLACE~~ | ~~TEQUESTA FL 33469~~ |
| ~~STPD~~ | ~~PHILLIPS, DIANE L~~ | ~~9428 SE ISLAND PL~~ | ~~TEQUESTA FL 33469~~ |
| PD | SMITH, ASA | 9448 ISLAND PLACE | TEQUESTA FL 33469 |
| VPD | Lemoine, Cathy | 9388 SE Island Place | Tequesta FL 33469 |
| STD | Bill Pitts | 9248 SE Island Place | Tequesta FL 33469 |
| | | | |

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****297.50 ****297.50

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| ~~GRIFFIN, MARK B~~<br>~~9408~~ S E ISLAND PLACE<br>TEQUESTA FL 33469 | Name: Cathy Lemoine<br>Street Address (P.O. Box Number is Not Acceptable): 9388 SE Island Place<br>Suite, Apt. #, Etc.:<br>City: Tequesta State: FL Zip Code: 33469 |

CR2E040 (8/00)

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.

Signature of Registered Agent: Cathy Lemoine SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 02/23/01

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:** Cathy Lemoine SIGNATURE REQUIRED Cathy Lemoine 02/23/01 561 747 5018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #