PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

2000-01 0BR (8)

DOCUMENT # N04236

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Island Breeze Owner's Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
608 Spradley DR.	608 Spradley DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Troy, AL	City & State: Troy, AL
Zip: 36079 Country: US	Zip: 36079 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 07/17/1984

5. FEI Number: 58-1635013 ☐ 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: Jack Sherwood

000003891130--1
-03/21/01--01104--003
****122.50 ****122.50

Street Address (P.O. Box Number is Not Acceptable): 4913 Hispaniola DR.

Suite, Apt. #, Etc.: Box 7, unit #1

City: Panama City Beach State: FL Zip Code: 32408

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: Jack Sherwood — REGISTERED AGENT MUST SIGN — Date: 3-14-2001

CR2E081 (9/00)

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
STD	Jack Sherwood	608 Spradley DR.	Troy, AL 36079
PD	Martin Tulis	1314 Council Bluff DR.	Atlanta, GA 30345
VD	Morris Kinsey	1300 April DR.	Evansville, IN 47710

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: Jack Sherwood — 3-14-2001 — 334-670-9771

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

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To the Division of Corporations

Eighteen months ago I moved from Lawrenceville, Ga. to Troy, Al. During this time I did not update the mailing list and the application for the last two years was not received.

I am asking for a one-time deviation from paying the penalty associated with this reinstatement. Enclosed is my check for $122.50 for the charge for the last two years and the corporation reinstatement.

Thanks for your consideration

Jack Sherwood
608 Spradley Dr
Troy, Al 36079