

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

00 OCT 16 PM 2:08

DOCUMENT # **N09925**

1. Corporation Name

**ISLAND THEATER WING, INC.**

Principal Place of Business

Mailing Address

2200 PERIWINKLE WAY  
~~P.O. BOX 1459~~  
 SANIBEL FL 33957

2200 PERIWINKLE WAY  
 P.O. BOX 1459  
 SANIBEL FL 33957



**REINSTATEMENT 00**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/25/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2617321

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>DVP</del> DVP	<del>FITCH, STONIA</del> CARLA BENINGA	1059 BUTTWOOD LN 5305 UMBRELLA POOL RD	SANIBEL FL 33957 SANIBEL FL 33957
DP	DONOGHUE, WINNIE	1016 FISH CROW RD	SANIBEL FL 33957
<del>DS</del> DS	BOSCOV, JOE	635 E GULF DR	SANIBEL FL 33957
<del>DT</del> DT	<del>BERINGA, CARLA</del> LAVELLE, Jim	5305 UMBRELLA POOL RD 146 DRION COURT	SANIBEL FL 33957
D	SHIRLEY JEWELL	1101 SCHOONER	SANIBEL, FL 33957
D	JANA STONE	1421 SANDCASTLE ROAD	SANIBEL, FL 33957

8. Name and Address of Current Registered Agent

~~BOSCOV, JOE~~  
~~635 E GULF DR~~  
 SANIBEL FL 33957

9. Name and Address of New Registered Agent

Name: **JOHN H. BRALOVE**  
 Street Address (P.O. Box Number is Not Acceptable): **1480 ROYAL POINCIANA DR.**  
 Suite, Apt. #, Etc.: **700003433847--8**  
 City: **SANIBEL**  
 State: **FL** Zip Code: **33957**

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

*Shirley Jewell*

REGISTERED AGENT MUST SIGN

Date **10/13/2000**

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:

*Shirley Jewell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 (941) 395-1099  
 Date Daytime Phone #

CR26040 (8/96)