

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38834

1. Corporation Name

V.I.P Island Homeowners Assoc. Inc

2. Principal Office Address

ISLAND
PO BOX 16 GRANT FL 32949

3. Mailing Office Address

PO BOX 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRANT FL

City & State

Zip

32949

Country

BREVARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3070377

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

BERNARD S. MANN

Street Address (P.O. Box Not Acceptable)

4636 Grant Rd

Suite, Apt. #, Etc.

City

GRANT

State
FL

Zip Code

32949

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

Bernard S. Mann

REGISTERED AGENT MUST SIGN

Date

4/14/04

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>PRES</u>	<u>BERNIE MANN</u>	<u>4636 GRANT RD</u>	<u>GRANT, FL 32949</u>
<u>V. PRES</u>	<u>Sue Kendell</u>	<u>5500 SAND LAKE DR</u>	<u>MELBOURNE 32934</u>
<u>TRES</u>	<u>LUCILLE BRUGGER</u>	<u>PO BOX 556</u>	<u>GRANT 32949</u>
<u>SEC.</u>	<u>SHARON McLEARN</u>	<u>996 HADDS ALLEY</u>	<u>ORLANDO 32803</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:

Lucille Brugger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/04

Daytime Phone #

HR

FILED
04 MAY 10 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT B-24

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