

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JUN -4 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001057

1. Corporation Name

ISLAND CROSSINGS II HOMEOWNERS
ASSOCIATION, INC.

2. Principal Office Address

2180 WEST SR 434

3. Mailing Office Address

2180 WEST SR 434

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip 32779

Country USA

Zip 32779

Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/20/1997

5. FEI Number

593437857

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

JAMES W HART JR

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

2180 WEST SR 434

Suite, Apt. #, etc.

SUITE 5000

City

LONGWOOD

State

FL

Zip Code

32779

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

REGISTERED AGENT MUST SIGN

Date 5/20/04

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
P	Richard Perez	1208 Potomac Drive	Merritt Island FL 32952
VP	Donald Cremins	1206 Potomac Drive	Merritt Island FL 32952
T	Robert Cleary	1209 Potomac Drive	Merritt Island FL 32952
S	Edward Turkowski	1204 Potomac Drive	Merritt Island FL 32952
D	Elizabeth May	1182 Potomac Drive	Merritt Island FL 32952
D	Ja Daved Lawhorn	1268 Potomac Drive	Merritt Island FL 32952

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/04

Daytime Phone #

3214592189