

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -4 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004011

1. Corporation Name

ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~TWO ISLANDS DRIVE~~
AVENTURA FL 33160

~~TWO ISLANDS DRIVE~~
AVENTURA FL 33160

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

2. New Principal Office Address, if Applicable
Island Estates Drive
Suite, Apt. #, etc.
Aventura, Fla.
City & State

3. New Mailing Office Address, if Applicable
PO Box 601011
Suite, Apt. #, etc.
North Miami Beach, FL
City & State

4. Date Incorporated or Qualified To Do Business in Florida

07/09/1998

5. FEI Number

65-0855725

Applied For

Not Applicable

Zip 33160

Country USA

Zip 33160

Country USA

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
PTD	COHEN, GARY	TWO ISLANDS DRIVE	AVENTURA FL 33160
VPD	COHEN, SUSAN	TWO ISLANDS DRIVE	AVENTURA FL 33160
SD	LEEDS, STEVEN	TWO ISLANDS DRIVE	AVENTURA FL 33160
			500003045625--0 -11/16/99--01052--027 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHEN, GARY
TWO ISLANDS DRIVE
AVENTURA FL 33160

Name Harvey Schnitzer, Esq.
Street Address (P.O. Box Number is Not Acceptable) 1900 NW Corporate Blvd
Suite, Apt. #, Etc. Suite 301 West
City Boca Raton State FL Zip Code 33431

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

[Signature] REGISTERED AGENT MUST SIGN

Date 10.25.99

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Gary Cohen, President

11/1/99

Date

305-955-9206

Daytime Phone #

KE