2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 JUL 27 PM 2:39

KS

REINSTATEMENT 08-09

06152009 REIN-P CR2E098 (1/07)

DOCUMENT # P01000036492

1. Entity Name
ISLAND INSURANCE COMPANY

Principal Place of Business	Mailing Address
1980 N ATLANTIC AVE STE 808 COCOA BEACH, FL 32931	1980 N ATLANTIC AVE STE 808 COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
700 MILFORD POINT RD	700 MILFORD POINT RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MERRITT ISLAND, FLORIDA	City & State: MERRITT ISLAND, FLORIDA
Zip: 32952 Country: USA	Zip: 32952 Country: USA

4. FEI Number: 59-3713857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRESS, STEPHEN A
1980 N ATLANTIC AVE, STE 808
COCOA BEACH, FL 32931

ADDRESS CHANGE ONLY

7. Name and Address of New Registered Agent

Name: STEPHEN A. CRESS
Street Address (P.O. Box Number is Not Acceptable): 700 MILFORD POINT ROAD
City: MERRITT ISLAND FL Zip Code: 32952

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] - STEPHEN A. CRESS DATE 7/22/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00 — #300⁰⁰ ATTACHED

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CRESS, STEPHEN A 1980 N ATLANTIC AVE, STE 808 COCOA BEACH, FL 32931	☐ Delete — ADDRESS CHANGE →	REGISTERED AGENT STEPHEN A. CRESS 700 MILFORD POINT ROAD MERRITT ISLAND, FLORIDA 32952 ☑ Change ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600158928666 07/27/09--01040--006 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/22/09 (321)431-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #