PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
'03 OCT 31 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000109642**

1. *Corporation Name*

ISLAND INTERNATIONAL INVESTMENT, CORP.

Principal Place of Business	Mailing Address
7087-159TH COURT NORTH PALM BEACH GARDENS FL 33418 US	7087-159TH COURT NORTH PALM BEACH GARDENS FL 33418 US

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/10/2002

5. FEI Number: 81-0618782 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SPENCE, AINSWORTH J SR.	7087-159TH COURT NORTH	PALM BEACH GARDENS FL 33418
D	SPENCE, DWYGHT	7087-159TH COURT NORTH	PALM BEACH GARDENS FL 33418

000024335480
10/31/03--01068--020 **158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Ainsworth J. Spence Date: 10-28-03
REGISTERED AGENT MUST SIGN

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: Ainsworth Spence (AINSWORTH SPENCE) 10.22.03 561.744.8509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7087 – 159th Ct. N.
Palm Beach Gardens,
Fl. 33418
Oct. 22, 2003

Division Of Corporations
P.O. Box6327,
Tallahassee, Fl. 32314-6327

To Whom It May Concern.

I hereby apply for reinstatement of the enclosed name Corporation.
I have enclosed the fee of $158.75 for reinstatement and certificate of status.
I kindly ask you to waive the penalty charge. I did not file the business report on time as required by the State. The reason is I did not get it and was not aware that this is a requirement.
Thank you for your help in this matter.

Yours truly,
Ainsworth Spence
Ainsworth Spence