2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000021787

Entity Name: ISLAND CAPITAL INVESTMENTS LISA INC

FILED Apr 13, 2007 Secretary of State

| Littly Na | IIIE. ISLAND | DAFITAL INVESTIVILINTS OSA | i, IIVO. | |
|---|---------------------------------|--|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| 881 OCEA SUITE 27E KEY BISC. | | 49 | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 2742 BISC MIAMI, FL | CAYNE BLVD. 33137 | | | |
| FEI Number | : 65-0494310 | FEI Number Applied For() | FEI Number Not Applicable() | Certificate of Status Desired () |
| Name and | d Address of (| Current Registered Agent: | Name and Address of | of New Registered Agent: |
| KIRBY, RIG 881 OCEA APT 27-B KEY BISC. | | 49 US | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, |
| SIGNATUI | RE: RICHARI | O KIRBY | | |
| | Electron | nic Signature of Registered Age | ent | Date |
| | | 3(2)(b), F.S., the corporation did no | ot receive the prior notice. | |
| Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | KIRBY, RICHA | RIVE, UNIT 27-B | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | KIRBY, RICHA | RIVE, UNIT 27-B | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | KIRBY, JOHN |) Delete RIVE, UNIT 27-B E, FL 33149 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | KIRBY, JULIAN | RIVE, UNIT 27-B | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: | D (URREA CATHI |) Delete FRINF | Title: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD KIRBY D 04/13/2007

881 OCEAN DRIVE, UNIT 27-B

KEY BISCAYNE, FL 33149

Address: City-St-Zip: