## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

392021

1. Corporation Name

ISLANDERS' MARKET, INC.

Principal Place of Business

Malling Address OOOT ALLE DE

FILED

97 APR 21 AM 8: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA



<del>-9807-GULF</del> <del>P.O. BOX </del> -	-	9807 GULF-DR P.O.: BOX 528							
	HA-FL-24216-0528	ANNA-MARIA-F	ANNIA-MARIA-FL 04218 0528				_		
If above addresses are incorrect in any way, line through incorrect information and enter correction					REINS	TATEMEN	<u>119</u>	0-97	
1771 Many tee Ave West 1771 M			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     11/30/1971				
CSud			·		5. FEI Number	5. FEI Number		Applied For	
City & State Bruden ton F! Bruck			enton Fl			59-1410244		Not Applicable	
Zip 34705 USH Zip 34			Cou	NSA	6. CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
ST	SHEA, CARMEN JOYCE		7200 SUNSHINE DR. SO			ST. PETERSBURG FL			
PV	CAGNINA, JOHN B.		306 73RD ST			HOLMES BCH FL			
					JI.	-04/25/97- -04/25/97- *****915.0	579 -01110	36 009 *915 00	
,							<b>V</b>		
						JB	1-22	)-97	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
Name					•				
CAGNINA, JOHN B. 306 73RD STREET				Street Address (I	Street Address (P.O. Box Number is Not Acceptable)				
HOLMES BEACH FL 34217				Suite, Apt. #, Etc		<u></u>			
				City		F	tate Zip C	ode	
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 Date  REGISTERED AGENT MUST SIGN									
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No									
12. 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 filling 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.