PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 21 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **392021**

1. Corporation Name

ISLANDERS' MARKET, INC.

Principal Place of Business	Mailing Address
~~9807 GULF DR~~ ~~P.O. BOX 528~~ ~~ANNA MARIA FL 34216-0528~~	~~9807 GULF DR~~ ~~P.O. BOX 528~~ ~~ANNA MARIA FL 34216-0528~~

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1771 Manatee Ave, West	1771 Manatee Ave. W.
Suite, ~~Apt. #~~, etc.: C	Suite, ~~Apt. #~~, etc.: Suite C
City & State: Bradenton Fl	City & State: Bradenton Fl
Zip: 34205 Country: USA	Zip: 34205 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/30/1971

5. FEI Number: 59-1410244 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ST	SHEA, CARMEN JOYCE	7200 SUNSHINE DR. SO	ST. PETERSBURG FL
PV	CAGNINA, JOHN B.	306 73RD ST	HOLMES BCH FL
			300002155793--6 -04/25/97--01110--009 *****$15.00 *****$15.00
			DLB 4-22-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CAGNINA, JOHN B. 306 73RD STREET HOLMES BEACH FL 34217	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

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: John B Cagnina SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

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 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: John B Cagnina John B. Cagnina 5/16/97 941 746 0377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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