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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

04 JUL 30 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **542029**

1. Corporation Name

**Islander's Pool &  
Maintenance Service, Inc**

2. Principal Office Address

**PO Box 11858**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO Box 11858**

Suite, Apt. #, etc.

City & State

**Ft Lauderdale, FL**

Zip

**33339**

Country

**USA**

City & State

**Ft Lauderdale, FL**

Zip

**33339**

Country

**USA**

**REINSTATEMENT 03-04**

**09-05-03 90104 029 550.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/3/77**

5. FEI Number

**59-1806457**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Elmer D Mac Donald**

Street Address (P.O. Box Number is Not Acceptable)

**1995 NE 62nd Street 400039725574**

Suite, Apt. #, Etc.

**07/30/04-01018-002 \*\*150 00**

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33308**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Elmer D Mac Donald*

Date

**7/27/04**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-	MacDonald, Elmer D	1995 NE 62nd Street	Fort Lauderdale, FL 33308
VP	MacDonald, Lois N	1995 NE 62nd Street	Fort Lauderdale, FL 33308
ST	MacDonald, Joanne	1995 NE 62nd Street	Fort Lauderdale, FL 33308

10. 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:

*Elmer D Mac Donald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/04**

Date

**954-491-3111**

Daytime Phone #

CR2E081 (01/04)

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Islander's Pool & Maintenance Service, Inc.  
PO Box 11858  
Fort Lauderdale, Florida 33339

July 27, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find the following:

- Corporation Reinstatement Form
- A copy of our cancelled check for \$550 from 2003 that paid our annual fee
- A check for \$150 for the year 2004's Corporate Annual Report

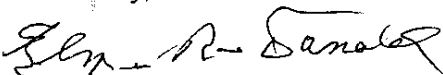
We think there has been a mistake. We sent in \$550 last year in August to re-new our corporation, you cashed the check, but our corporation was never re-instated.

We respectfully request that you waive any more late fees that may be associated with our account.

Based on this new information, please update your records accordingly and activate our corporation.

Thank you very much for your attention to this matter.

Sincerely,



Elmer MacDonald  
President