

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 11 AM 8:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

658005

1. Corporation Name

Island Realty + Property Management, Inc

2. Principal Office Address

139 N. County Rd

Suite, Apt. #, etc.

#26

City & State

Palm Beach, Fl.

Zip

33480

Country

USA

3. Mailing Office Address

P.O. Box 888

Suite, Apt. #, etc.

City & State

Palm Beach, Fl

Zip

33480

Country

USA

REINSTATEMENT

93-00

4. Date Incorporated or Qualified
To Do Business in Florida

1982

5. FEI Number

59-2003574

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

Drina C. Parkey

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

139 N. County Rd.

Suite, Apt. #, Etc.

#26

City

Palm Beach

State

FL

Zip Code

33480

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

Drina C. Parkey

REGISTERED AGENT MUST SIGN

Date **8/10/2000**

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
Pres.	Drina C. Parkey	200 Flagler Ln.	West Palm Beach, Fl. 33407
Sec	"	"	"
V.P.	Caralyn Paige Robinson	1904 19th Lane	Palm Beach Gardens, Fl. 33418
"			
"			

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:

Drina C. Parkey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2000

Date

561-659-3263

Daytime Phone #

KE