PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 12 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708054

1. Corporation Name

VINEYARD OF THE ISLANDS, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
923 SE 47TH TERR.	923 SE 47TH TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FL	City & State: CAPE CORAL FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/3/64

5. FEI Number: 59-6529160 ☐ 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: JAMIE V STILSON

Street Address (P.O. Box Number is Not Acceptable): 1225 SW 21ST TERR

Suite, Apt. #, Etc.:

City: CAPE CORAL State: FL Zip Code: 33991

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: Jamie V Stilson — REGISTERED AGENT MUST SIGN — Date: 10/7/04

CR2E081 (01/04)

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	JAMIE V STILSON	~~1421 SW 30TH TERR~~ ~~CAPE~~ 1225 SW 21ST TERR	CAPE CORAL FL 33991
VP	WILLIAM ELEY	1421 SW 30TH CT.	CAPE CORAL FL 33914
SEC	JOHN DOWNS	1327 SE 20TH PLACE	CAPE CORAL FL 33990
TREAS	RAY ENRICO	2846 SW 50TH TERR	CAPE CORAL FL 33914
			600043303575
			12/09/04--01053--003 **61.25

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: William Eley — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/7/04 — Daytime Phone #: (239)549-8075