

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727427

1. Corporation Name

ISLANDER POINT INC

2. Principal Office Address - No P.O. Box #

1080 BAL HARBOR BLVD

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

33950

Country

USA

3. Mailing Office Address

1080 BAL HARBOR BLVD

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

33950

Country

USA

REINSTATEMENT *00-07*

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09111973

5. FEI Number

59-1681839

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
JOAN GREENE

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

Suite, Apt. #, Etc.
SUITE 112

City
PUNTA GORDA FL

State
FL

Zip Code
33950

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joan Greene

REGISTERED AGENT MUST SIGN

Date **2-2007**

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
PD	DALE STEELE	6 HUCKLEBERRY LANE	GEORGETOWN DE 19947
TD	STEFI LEIBMAN	1080 BAL HARBOR BLVD #2B	PUNTA GORDA FL 33950
SD	MARY LOU COUTTS	1080 BAL HARBOR BLVD #7A	PUNTA GORDA FL 33950
D	JEROME BONNABEAUX	179 HOLMES DALE	ALBANY NY 12208-1449
D	EUGENE H LITER	3507 ST ANDREW CIRCLE	LOUISVILLE KY 40241

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 contained in Chapter 119, 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:

Stefi Leibman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/21/07

Daytime Phone #