


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # 728940

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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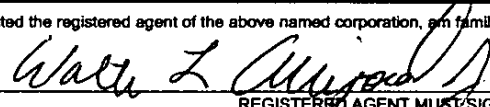
REINSTATEMENT

CR2E081 (12/05)


1. Corporation Name Island Surf Condominium Association, Inc.			
2. Principal Office Address C/O Dorothy Alligood		3. Mailing Office Address C/O Dorothy Alligood	
Suite, Apt. #, etc. 927 Wheelk Court		Suite, Apt. #, etc. 111 Troy Circle	
City & State Ft. Walton Beach, FL		City & State Ft. Walton Beach, FL	
Zip 32548	Country USA	Zip 32547	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/26/1974	
5. FEL Number 42-1653789	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Walter L. Alligood, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 111 Troy Circle		
Suite, Apt. #, Etc.		
City Fort Walton Beach,	State FL	Zip Code 32547

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 	Date 9/28/06

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	A. L. Stamps	2102 East 22nd Place	Tulsa, OK 74114
S	Stan King	2485 Oakleigh Court, N. E.	Atlanta, GA 30345-3874
T	Dorothy Alligood	111 Troy Circle	Fort Walton Beach, FL 32547

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:  Dorothy Alligood, Treas.	Date: 9/28/06 Daytime Phone #: 850-259-1031