

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 737909

FILED
Jan 02, 2008
Secretary of State

Entity Name: ISLANDS-JAMAICA ASSOCIATION, INC.

Current Principal Place of Business:

1891 S OCEAN DR
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

5618 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

New Mailing Address:

9369 SHERIDAN STREET, SUITE 810
COOPER CITY, FL 33024 US

FEI Number: 59-1740059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HORIZON MAINTENACE
5618 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

T.L. PROPERTY SERVICES, INC
9369 SHERIDAN STREET, SUITE 810
COOPER CITY, FL 33024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TRACY LEPPA

01/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MUNTER, CAROLE
Address: 1891 S OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PIAZZA, ROSE
Address: 18915 OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: TAYLOR, KENNETH
Address: 1891 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL

Title: TD () Delete
Name: KARDASH, CON
Address: 1891 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PFENNING, BRUCE
Address: 1891 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL

Title: S () Delete
Name: GRAMMER, RICHARD
Address: 1891 S. OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN TAYLOR

PD

01/02/2008

Electronic Signature of Signing Officer or Director

Date