PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

-∽DIVISION OF CORPORATIONS

DC	C	U	IV	ΊE	N.	Т	#

755484

1. Corporation Name

## ISLAND PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2501 N GULF DR. APT 104

2501 N GULF DR. APT 104

102

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BRADENTON BCH FL 34217 US **BRADENTON BCH FL 34217** 

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FILED

04 OCT 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEL, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
			ng Office Address, If	Applicable	Date Incorporated or Qualified     To Do Business in Florida     12/10/1980		
Suite, Apt. #	Gue De Act 104	Suite, Apt. #	etc. 74+4 A.	- 11)	5. FEI Number	·	Applied For
City & State	)	City & State	JI NOE WI		50-2024604		Not Applicable
Zip ZAA	Country (	JAPAN	000 4000	71	6.	\$8.75	Additional Fee required
342	17 MANATER	Zip 3420	9 711	water	CERTIFICATI		Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least							
Title(s)	(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State	/ Zip
PDI	GOODCHILD, DAN R.		2501 GULD DRIVE N; SUITE 103			BRADENTON FL	
<del>\$9</del> -/-	SO JONES, MILENA		2501 GULF DRIVE N			BRADENTON FL	
<b>√D</b>	SINGLAIR, GEORGE JR.		2512-N GULF DR -N			BRADENTON BCH FL 34217	
PD	LYN ERNST		6910 34th AVE W.			BRADONAON 7/34209	
SD	D SUE UHI		9109 HENRY CLAY DR.			LOUISVILLÉ K	Y 40242
TD	D RON BAKER		7504 22NO AUE W.			BRADENTON 7	1.34209
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered Age	ent
0000	O. W. D. D. L. D.			Name 14	N ERI	NST	
GOODCHILD, DAN R.				Street Address (F	O, Box Number	is Not Acceptable)	
SUITE	GULF DR. N.		46-04	Suite, Apt. #, Etc.	0 349	A FIVE W	
	ENTON FL 34217	6.622.4 2 4					
				City DRADO		State FL	34209
10. I, being	appointed the registered agent of the above	e named corpo	oration, am familiar wi	th and accept the of	_	ion 607.0505, F.S.	
Registered Agent Signature of Registered Agent MUST SIGN 10/18/04 01057 016 **612.50							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)							
10.1	The second second		- 1881 - 776 Ta Jago	2.91.20.12. (Co.	and the state of the state of	2007	

12. 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.

SIGNATUR

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-161-9530