

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 AUG 30 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 761947

1. Corporation Name

ISLAND IN THE SUN CONDOMINIUM OWNERS ASSOCIATION, INC.

2. Principal Office Address

212 Oak Avenue

3. Mailing Office Address

PO Box 2218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Anna Maria, FL

City & State

Anna Maria, FL

Zip

34216

Country

USA

Zip

34216

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/12/1982

5. FEI Number

371406434

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-01

7. Name and Address of Current Registered Agent

Name

Robert Barlow

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

212 Oak Avenue

Suite, Apt. #, Etc.

City

Anna Maria

State

FL

Zip Code

34216

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

REGISTERED AGENT MUST SIGN

Date 8/23/01

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
D/P	Joseph Ungvarsky	8006 17th Avenue West	Bradenton, FL 34209
D/VP	Karen Ungvarsky	8006 17th Avenue West	Bradenton, FL 34209
D/S	Robert Barlow	212 Oak Avenue	Anna Maria, FL 34216
D/T	Marcia Barlow	212 Oak Avenue	Anna Maria, FL 34216

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:

Robert Barlow
Robert Barlow-Secretary

8/23/01
Date

941-779-1801

Daytime Phone #