PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT



· Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 HAR 24 PN 3:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F94000006268 (6)

1. Corporation Name

ISLAND DEVELOPMENT GROUP LIMITED, INC.

Principal Place of Business

Mailing Address

1750 S. Telegraph Road Suite 107

1750 S. Tèlegraph Road

Suite 107

Bloomfield Hills, MI 48302 Bloomfield Hills, MI 48302

If above s	addroceoc aro	incorrect in any way, line th	ough incorrect i	information a	od enter	Correction below	UEIM	DIVICIAILIA	.01	
		Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 12/08/94			
Suite, Apt.	#. elc.		Suite, Apt. #, etc.				A FEILL OF			
City & Stat	е	City & State				38-3083163 Applied For Not Applicable				
Zip Country			Zip Co		Country	,	6.			
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	orida nonpro	fit corpora	tions must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street A Officer 3 (Do NOT Use P			ctor City / State / Zip			
D	Berkey, Jon H			1750 S. Telegraph Road Suite 107			oad	Bloomfield Hills, MI 48302		
DM	Basset	325 Dunston				Bloomfield Hills, MI 48304				
DM	Hoski, A. Joseph, M.D.			8425 E. 12 Mile Road			1	Warren, MI 48093		
DM	Jones, Stanley			4242 Wendell Road				West Bloomfield, MI 48323		
DM	Kapdi, Chandrakant C M.D. 8				871 Harsdale			Bloomfield Hills, MI 48013		
DM	Thomas, Dominic Ph.D 60				5010 Barrie			Dearborn, MI 48126		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
THURLOW, THOMAS H. JR.						Name Street Address (P.O. Box Number is Not Acceptable)				
THURLOW & SMITH, P.A. 17 Martin L. King, Jr. Blvd. Stuart FL 33494						Suite, Apt. #, Etc. 20002469822 5 -03/26/9801107-006				
										City *****900000 Z******900.00
								registered agent of the abo	ve named corpo	oration, am fa
Signature of Registered	f Agent ,	Thomas	GISTERED AG	ENT MUST	SIGN	m/)(.	<u></u>	Date 3/23/9	8	
11. Do De	es this c pt. of Re	corporation pay a evenue under S.	ny intang 199.032,	jible tax Florida	to the Statu	ites. Yes[□ No/E		for information gible tax.)	
12. I certify this reins	that I am an o	flicer or director or the receiving the reason for disso	ver or trustee en lution has been	npowered to eliminated, t	execute ti	his application as p ate name satisfies	rovided for in cha the requirements	pter 607 or 617, F.S. I further of section 607.0401 or 617.040	ertify that when filing D1, F.S., that all fees	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JON H. BERKEY, DIRECTOR