

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -2 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006268

1. Entity Name  
ISLAND DEVELOPMENT GROUP LIMITED, INC.



Principal Place of Business  
C/O ANTHONY A. YEZBICK, P.C.  
40700 WOODWARD AVENUE SUITE A  
BLOOMFIELD HILLS, MI 48304

Mailing Address  
C/O ANTHONY A. YEZBICK, P.C.  
40700 WOODWARD AVENUE SUITE A  
BLOOMFIELD HILLS, MI 48304



09262005 REIN-P CR2E098 (6/04)

2. Principal Place of Business  
**390 Park Street**  
Suite, Apt. #, etc.  
**Suite 200**  
City & State  
**Birmingham, MI**  
Zip  
**48009**  
Country  
**Oakland**

3. Mailing Address  
**390 Park Street**  
Suite, Apt. #, etc.  
**Suite 200**  
City & State  
**Birmingham, MI**  
Zip  
**48009**  
Country  
**Oakland**

4. FEI Number  
**38-3083163**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**THURLOW, THOMAS H JR**  
**THURLOW & SMITH, P.A.**  
**17 MARTIN L. KING, JR. BLVD.**  
**STUART, FL 33494**

7. Name and Address of New Registered Agent  
Name  
**John Lanata**  
Street Address (P.O. Box Number is Not Acceptable)  
**The Ginn Company**  
**3228 SW Martin Downs Blvd, Ste 5**  
City  
**Palm City** **FL** Zip Code  
**34990**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*[Signature]*

*10/31/05*

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PATEL, HITEN C, M. D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BASSETT, JOSEPH S M.D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM HOSKI, JOSEPH A M.D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM LALA, MICHAEL, M. D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KAPDI, CHANDRAKANT C M.D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM PATEL, HITEN C, M. D. 40700 WOODWARD AVE. STE. A BLOOMFIELD HILLS, MI 48304	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Park Street, Ste. 200</b> <b>Birmingham, MI 48009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Park Street, Ste.200</b> <b>Birmingham, MI 48009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Park Street, Ste. 200</b> <b>Birmingham, MI 48009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Park Street, Ste. 200</b> <b>Birmingham, MI 48009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Park Street, Ste.200</b> <b>Birmingham, MI 48009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400061101634</b> <b>11/02/05--01007--011 **300.00</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/28/2005*

Date

Daytime Phone #

117 60