

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 5-18811

1. Corporation Name ISLAND CONSTRUCTION OF AMERICA

FILED

NOV 10 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO Box 380863
Birmingham, AL 35238

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<u>P/D</u>	<u>Ali Tajmir</u>	<u>1006 LAKE HEATHER Rd</u>	<u>Birmingham, AL 35242</u>
<u>3</u>	<u>HARRIETT HOLMES</u>	<u>1006 LAKE HEATHER Rd</u>	<u>Birmingham, AL 35242</u>

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JB
9-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Kelley Johnson / Broad and Cassel
Street Address (P.O. Box Number is Not Acceptable) 215 S. MONROE ST.
Suite, Apt. #, Etc. SUITE 400
City TALLAHASSEE State FL Zip Code 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Kelley Oversteep Johnson
REGISTERED AGENT MUST SIGN

Date 9-10-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ali Tajmir

Date 9-4-97

Daytime Phone # 205 991-0950

CR2E040 (12/96)