

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG -1 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95323

1. Corporation Name
ISLAND LIFE COMPANY

2. Principal Office Address
2962 Burlington Ave N.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL.

City & State
St. Petersburg, FL

Zip Country
33713 PINELLAS

Zip Country
33713 PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida
9/29/1987

5. FEI Number Applied For
51-1488551 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *9/20/03*

7. Name and Address of Current Registered Agent

Name
LYN VAN VOORST

Street Address (P.O. Box Number is Not Acceptable)
2962 Burlington Ave N.

Suite, Apt. #, Etc.

City
St. Pete, FL

500021985265
*08/01/03--01011--004 **2100.00*

State Zip Code
FL 33713

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
[Signature]
REGISTERED AGENT MUST SIGN

Date *7-21-03*

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
<i>P.D.</i>	<i>LYN VAN VOORST</i>	<i>2962 Burlington Ave N.</i>	<i>St. Pete, FL 33768</i>
<i>D.</i>	<i>BROOKE VAN VOORST</i>	<i>14209 Cyber Place</i>	<i>TAMPA, FL 33613</i>
<i>T/D</i>	<i>MICHAEL VAN VOORST</i>	<i>2962 Burlington Ave N #209</i>	<i>St. Pete, FL 33713</i>

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: *[Signature]* *7-21-03* *727-742-3674*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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TO: Department of Corp. State of Florida

FROM: Lyn Van Voorst

RE: Reinstatement of Island Life Company

DATE: July 27, 2003

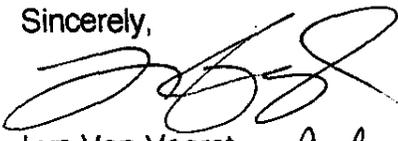
Enclosed please find a check to cover reinstatement costs of Island Life Company (DEC# J95323)

This will cover charges from 1994- to current.

I did not receive renewal notice in 1994, as I had moved two different times and the notification to renew never caught up with me. therefore, as provided by instructions from your office I am asking for waiver of fee.

FEI # 51-148851

Sincerely,



Lyn Van Voorst

July 27, 2003

