

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

33713

Country

PINELLAS

Zip

33713

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1987

5. FEI Number

51-1488551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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.

State

FL

Zip Code

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
P.D.	LYN VAN VOORST	2962 BURLINGTON AVE N.	ST. PETE, FL. 33713
D.	BROOKE VAN VOORST	14209 CYBER PLACE	TAMPA, FL. 33613
T/D	MICHAEL VAN VOORST	2962 BURLINGTON AVE N. #204	ST. PETE, FL. 33713

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-21-03

Daytime Phone #

727-742-3674

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

REINSTATEMENT

9/20/03

CR2E081 (10/02)

272

TO: Department of Corp. State of Florida

FROM: Lyn Van Voorst

RE: Reinstatement of Island Life Company

DATE: July 27, 2003

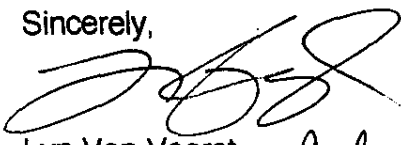
Enclosed please find a check to cover reinstatement costs of Island Life Company (DEC# J95323)

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

