

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K83192

1. Corporation Name

Island Automotive Enterprises, Inc.

2. Principal Office Address

240 - 250 Bahama Street
Suite, Apt. #, etc.

3. Mailing Office Address

One North Tuttle
Suite, Apt. #, etc.

City & State

Venice

Zip

34285-2401

Country

Sarasota

City & State

Sarasota

Zip

34237-6327

Country

Sarasota

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0118044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SEE Additional Fee required
for Certificate of Status

FILED

05 JUN 10 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600056403336
06/21/05--01066--007 **1367.50

7. Name and Address of Current Registered Agent

Name

James Benyoung

Street Address (P.O. Box Number is Not Acceptable)

240 Bahama Street

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285-2401

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

Date June , 2005

REGISTERED AGENT MUST SIGN

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
Pres	James Benyoung	240 Bahama Street	Venice, FL 34237-6327

REINSTATEMENT

01-05

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 6, 2005

Date

Daytime Phone #