

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 25 P 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K83192**

1. Corporation Name

ISLAND AUTOMOTIVE ENTERPRISE INC.

2. Principal Office Address - No P.O. Box #

240-250 BAHAMA ST.

Suite, Apt. #, etc

3. Mailing Office Address

587 N. VENTURA PARK RD.

Suite, Apt. #, etc

E28

City & State

VENICE, FL

City & State

NEWBURY PARK, CA

Zip

34285

Country

USA

Zip

91320

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0118044

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

JAMES BENYOUNG

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

7350 S. TAMiami TrL #71

Suite, Apt. #, Etc.

#71

City

SARASOTA

State

FL

Zip Code

34231

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **October 26, 2009**

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 ST.	VENICE FL 34285

10. E-mail Address: **ISLAND AUTO @ AOL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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

October 26th 2009
Date

805-300-6428
Daytime Phone #

REINSTATEMENT
06-09
[Signature]