

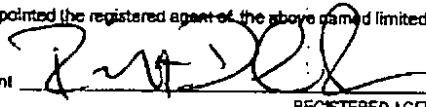
L04000069386

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUN 11 PM 3:08

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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000069386 1. Limited Liability Company's Name ISLAND DEVELOPMENT BAHAMAS LLC			
2. Principal Office Address - No P.O. Box # 366 FLAGLER AVE. Suite, Apt. #, etc.		3. Mailing Office Address 366 FLAGLER AVE. Suite, Apt. #, etc.	
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL	
Zip 32169	Country USA	Zip 32169	Country USA
4. State/Country of Formation FLORIDA / USA			
5. Date Organized or Qualified To Do Business in Florida 09/22/2004			
6. FBI Number 20-1655743		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒		\$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name ROBERT DEL ROSE Street Address (P.O. Box Number is Not Acceptable) Suite, 366 FLAGLER AVE Apt. #, Etc. City NEW SMYRNA BEACH			
		State FL	Zip Code 32169
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 05/11/2018			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	MADAD BAHAMAS LLC	366 FLAGLER AVE.	NEW SMYRNA BEACH, FL 32169
MGRM	BEACHLIFE DEVELOPMENT PROP.	4188 ATLANTIC AVE.	NEW SMYRNA BEACH, FL 32169
	V. CAUSSEAUX		
	JUN 14 2018		
		REINSTATEMENT	
		2009 - 2018	
11. E-mail Address: BOB@SURFCOASTREALTY.COM			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I understand that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date 6/6/2018	Daytime Phone # 310 709 3868
Typed or printed name of signing authorized representative/member			