

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--	---

DOCUMENT # **L53628**

1. Corporation Name

ISLAND COAST PROPERTIES, INC.

Principal Place of Business	Mailing Address
2517 SW 52ND LANE CAPE CORAL FL 33914	2517 SW 52ND LANE CAPE CORAL FL 33914

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 14009 Image Lake Ct Suite, Apt. #, etc. FL MYERS	3. New Mailing Office Address, If Applicable 14009 Image Lake Ct Suite, Apt. #, etc. City & State Ft Myers FL
Zip 33907	Country Zip 33907

4. Date Incorporated or Qualified To Do Business in Florida 02/28/1990	
5. FEI Number 65-0175028	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
BB PSTD	RAYMOND, MICHAEL G.	7540 CAMERON CIRCLE	FT. MYERS FL 33912
			1000004602651--3 -09/20/01-01051-029 ****900.00 ****900.00
			REINSTATEMENT 00-01 10

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RAYMOND, MICHAEL G. 7540 CAMERON CIRCLE FT. MYERS FL 33912	Name Raymond, Michael G Street Address (P.O. Box Number is Not Acceptable) 14009 Image Lake Ct Suite, Apt. #, Etc. City Ft Myers State FL Zip Code 33907

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Michael G. Raymond  
REGISTERED AGENT MUST SIGN

Date 9/6/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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: Michael G. Raymond  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01

Daytime Phone #

CR2E040 (6/00)



FILED

01 SEP 14 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA