


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
01 SEP 14 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. New Mailing Office Address, If Applicable

14009 Image Lake Ct
Suite, Apt. #, etc.

14009 Image Lake Ct
Suite, Apt. #, etc.

City & State
Ft Myers FL

City & State
Ft Myers FL

Zip
33907

Country

Zip
33907

Country

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 ☐

\$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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	RAYMOND, MICHAEL G.	7540 CAMERON CIRCLE	FT. MYERS FL 33912

100004602651--3
03/28/01 01051-029
****900.00 ****900.00

REINSTATEMENT 00-01

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)(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:

Michael G. Raymond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01

Date

Daytime Phone #

CR2E040 (800)