

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 13, 2009  
Secretary of State**

DOCUMENT# M41022

Entity Name: ISLAMORADA PLAZA, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

C/O CECELIA JONES  
19801 N. E. 10TH CT.  
N. MIAMI, FL 33179

**Current Mailing Address:**

**New Mailing Address:**

C/O CECELIA JONES  
19801 N. E. 10TH CT.  
N. MIAMI, FL 33179

FEI Number: 65-0012843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JONES, CECELIA  
19801 N.E. 10TH CT.  
N. MIAMI, FL 33179      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CECELIA D. JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, CECELIA  
Address: 19801 N.E. 10TH CT.  
City-St-Zip: N. MIAMI, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA D. JONES

PD

10/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date