

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03*



100023911581
10/17/03--01077--009 **236.25

DOCUMENT # **N01000007285**

1. Corporation Name

ISLAND ARTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

2801 ESTERO BOULEVARD
SUITE R
FT. MYERS BEACH FL 33931

2801 ESTERO BOULEVARD
SUITE R
FT. MYERS BEACH FL 33931

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2001

5. FEI Number

56-2285035

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CONLEY, BERNARD	2801-R ESTERO BLVD	FORT MYERS BEACH FL 33931
D	CERMAK, BRUCE	1204 ESTERO BLVD	FORT MYERS BEACH FL 33931
TD	PITTMAN, LARRY	6051 ESTERO BLVD	FORT MYERS BEACH FL 33931
VPD	TITUS, JESSICA	6035 ESTERO BLVD	FORT MYERS BEACH FL 33931
SD	TAFEL, RICHARD	2801 ESTERO	FORT MYERS BEACH FL 33931

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISLAND SAND PAPER, INC.
2801 ESTERO BOULEVARD
SUITE R
FT. MYERS BEACH FL 33931

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-4-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-03 239-463-4461