

DOCUMENT # N03000010404

REINSTATEMENT 04-07 16

1. Corporation Name

ISLAND ESTATES OWNERS
ASSOCIATION, INC.

2. Principal Office Address

3763 ROGERS BRIDGE Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3763 ROGERS BRIDGE Rd

Suite, Apt. #, etc.

City & State

DULUTH GEORGIA

City & State

DULUTH GA

Zip

30097

GWINNETT

Zip

30097

Country

GWINNETT

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2003

5. FEI Number

20-5347685

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM LIVINGSTON

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

5597 US HIGHWAY 98 WEST 500095814845
SUITE 200 01/01/07 01/01/07 007 4253 15

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

Date 8-23-06

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

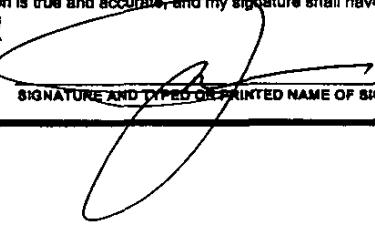
Signature of
Registered Agent *William Livingston*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JOHN WILLIS	3763 ROGERS BRIDGE Rd	DULUTH GA 30097
VID	JOHN KOPEC	3763 ROGERS BRIDGE Rd	DULUTH GA 30097
STD	JUDIE WOODALL	3763 ROGERS BRIDGE Rd	DULUTH GA 30097

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-06 770-623-1496
Date Daytime Phone #3112
GW

212

S. SCOTT CRITZER, P.A.
10343 East County Highway 30-A, Suite 103
Panama City Beach Florida 32413
Telephone (850) 685-4285
Facsimile (850) 213-5101
scritzer@southernescrow.com

March 15, 2007

VIA OVERNIGHT DELIVERY

Mr. Andrew Dunlap
Reinstatement Section
Division of Corporations
Florida Department of State
Clifton Building, 2661 Executive Center Circle
Tallahassee Florida 32301

Re: Reinstate Application for Florida Non-Profit Company,
Island Estates Owners Association, Inc.
Document No. N03000010404

Dear Andrew:

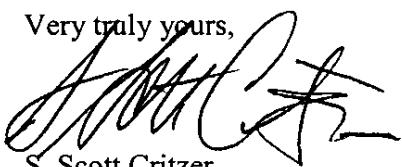
Thanks for speaking to me today about this reinstatement. Please find enclosed an original and one photocopy of the application for reinstatement of Florida Non-Profit Company, **Island Estates Owners Association, Inc.** ("Company"). Payment of \$253.75 is enclosed, which represents payments for 4 years of annual reports (\$61.25/year) that are currently unfiled, plus a \$8.75 payment for a certification of status document reflecting the reinstatement.

Consistent with our discussion, no reinstatement fee is required as the Company never received any of the annual report filing documents as the mailing address of the Company was incorrect.

I have enclosed a self addressed overnight delivery envelope for you to return the documents in to my office. Please do not use the US Mails as they have become unreliable in our service area and many items are routinely lost and are never delivered, as was the case with your rejection notification and your return of our funds and original documents.

You may call me directly at 850-685-4285, with any questions or concerns.

Very truly yours,



S. Scott Critzer
For the Firm

encls

cc File – Island Estates Owners Association, Inc.