

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 11 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03840**

1. Corporation Name

ISLAND ISLA CONDOMINIUM ASSOC, INC.

W09-4711

2. Principal Office Address - No P.O. Box #

704 SAILFISH DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 461

Suite, Apt. #, etc.

City & State

FT. WALTON BEACH

City & State

FT WALTON BEACH FL

Zip

32548

Country

USA

Zip

32549

Country

OKA/00SA USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/1984

5. FEI Number

59-2436930

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCISCO RABELL

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

704 SAILFISH DRIVE

Suite, Apt. #, Etc.

PO BOX 461

City

FT WALTON BEACH

State

FL

Zip Code

32548

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

1/26/09

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
D	FRANCISCO RABELL	704 SAILFISH DR.	FT WALTON BEACH, FL 32549
ST/D	ANA GIVEN	2917 SHALIMAR LANE	SHALIMAR, FL 32579

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02/12/09--01003--019 **183.75

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

FRANCISCO RABELL

Date

1/26/09

Daytime Phone #

(850)

085-4748

2/12/09