

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 14 AM 8:45

TALLAHASSEE, FLORIDA

DOCUMENT # **NU4000003602**

1. Corporation Name

**Islander of Fernandina
Beach FLA INC**

900069049339
03/30/06--01037--007 **61.25

2. Principal Office Address

119 North 11th street

Suite, Apt. #, etc.

Home

City & State

Fernandina Beach FL

Zip

32034

Country

NASSAU

3. Mailing Address

119 North 11th street

Suite, Apt. #, etc.

Home

City & State

Fernandina Beach FL

Zip

32035

Country

NASSAU

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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 Johnson

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

119 North 11th street

Suite, Apt. #, Etc.

Home

City

Fernandina Beach FL 32034

State

FL

Zip Code

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 Johnson

Date

2, 15, 06

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
VP	SHirley Gates	4219 Colbourn RD Fernandina Beach FL 32034	
S	Brenda A Walker	Willowood Circle Fernandina Beach FL 32034	
P	William Johnson	119 N 11th St	Fernandina Beach, FL 32034

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:

William Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2, 15, 06
Date

904.545.5146
Daytime Phone #
0904.441.1454

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ARTICLE'S OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Islander of Fernandina Beach FLA. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

119 North 11th street
Fernandina Beach FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

form a motorcycle club.

ARTICLE IV SHARES

The number of shares of stock is:

By MAJORITY votes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

William Johnson 119 North 11th St Fernandina Beach FL 32034 President
Stirley Gates 4219 Calhoun RD Fernandina Beach FL 32034 Vice President
Brundt A Walker 96055 Wildwood Circle Fernandina Beach FL 32034 Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

William Johnson
119 North 11th St Fernandina Beach FL 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Johnson
119 North 11th St
Fernandina Beach FL 32034

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

William Johnson
Signature/Registered Agent

2, 15, 06
Date

William Johnson
Signature/Incorporator

2, 15, 06
Date