

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 AM 8:04

DOCUMENT # N04000006595

1. Corporation Name

Island Pines CONDOMINIUM Association Inc

2. Principal Office Address
9200 Estero PK
Commons Blvd

Suite, Apt. #, etc.

#1

City & State

Estero FL

Zip

33928

Country

Collier

3. Mailing Office Address
9200 Estero PK
Commons Blvd

Suite, Apt. #, etc.

#1

City & State

Estero FL

Zip

33928

Country

Collier

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/04

5. FEI Number

20-4791204

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

Guy D Sperduto CPA PA

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

8982 TART STREET

Suite, Apt. #, Etc.

500075220016

05/25/06--01007--016 **122.50

City

Pembroke Pines

State

FL

Zip Code

33024

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/2/06

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
DST	Donald Reynolds	9200 Estero PK Commons Blvd #1	Estero FL 33928
D	Patrick Malooly	9200 Estero PK Commons Blvd #1	Estero FL 33928

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

[Signature]
fraser

Date

5/3/06 239-425-6500

Daytime Phone #

American Institute of
Certified Public Accountants

Guy D. Sperduto, C.P.A., P.A.

8982 Taft Street • Pembroke Pines, FL 33024
(954) 432-0272 • Fax (954) 432-7339

Florida Institute of
Certified Public Accountants

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May 02, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Island Pines Condominium Associations Inc
Fein # 20-4791204

To Whom It May Concern:

We would like the reinstatement fee for the above corporation waived because we did not receive the annual report notice in the year of dissolution/revocation. The report notice was sent to an old address.

Thank You,



Guy D. Sperduto, C.P.A.
Registered Agent