## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT #N05000005137				FILED	
1. Entity Name ISLAND REACH, INC.				•/	;-  MH:39
Principal Place 5201 S TAMI SARASOTA, F	AMI TRAIL	Mailing Address 5201 S TAMIAMI TRAIL SARASOTA, FL 34232			TARY OF 3 BIE ASSEE, PLONDA
2. Principal Pl	ace of Business	3. Mailing Address			
Suite, Apt,	Real Estate, Inc. #, etc. Osprey Ave.	Suite, Apt. #, etc.		BORNE MENTE V.	TERMINATOL
City & State		City & State		4. FEI Number - 203949808	Applied Fo  Not Applic
Zip 34239	Country	Zip	Country	Certificate of Status Desired	\$8.75 Additional Fee Required
J42J <u>7</u>	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New	Registered Agent
SARASOT	MIAMI TRAIL A, FL 34232  named entity submits this statement ions of registered agent.	t for the purpose of changing its	City Sar	as (P.O. Box Number is Not Acceptaber 5 S. Osprey Ave.  asota istered agent, or both, in the State of F	FL Zip Code 34239
After Jan	LE NOW!!! FEE IS \$61.25 nuary 1, 2007, Fee will be \$122	2.50 corporation	did not receive the p	(0), 1.0., 116	Make check payable to rida Department of State
TITLE	DP OFFICERS AND	X Delete	<del></del>	resident	Change Add
NAME STREET ADDRESS CITY-ST-ZIP	BOLGAN, BULENT 5201 S TAMIAMI TRAIL SARASOTA, FL 34232	AA- VVIII	NAME G STREET ADDRESS O	erald Kluck 4365 Champerret	· •
TITLE NAME STREET ADDRESS	D BALL, CHARLES H 1444 FIRST STREET	X. Delete	TITLE V	oyne City, MI 49712 ice President andra Kluck 4365 Champerret	🔀 Change 🗌 Add
CITY-ST-ZIP	SARASOTA, FL 34236	XXI Delete	TIT) E	4365 Champerret oyne City, MI 49712	<b>Q</b> Change ☐ Ado
NAME STREET ADDRESS CITY-ST-ZIP	HIMEBAUGH, NIKKI 1444 FIRST STREET SARASOTA, FL 34236	-		ecretary imberly Tritschler 509 Bayshore Road okomis, FL 34275	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600080</b> \$ 10/17/0601040	9225 <b>56</b> 69 □ Ad  011 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the coal	l on this report or cumplemental repo	with this filing does not qualify in tis true and accurate and that in approvered to execute this report	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP for the exemptions cont my signature shall have as required by Chapter	lained in Chapter 119, Florida Statute the same legal effect as if made unde r 617, Florida Statutes; and that my na	s. I further certify that the info