

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 APR -8 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 99-03

800015440168
04/08/03--01001--003 **175.00

800015440168
04/08/03--01001--002 **306.25

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO 6118 1. Corporation Name Island Villas on Everglades Avenue Condominium Association Inc	
2. Principal Office Address 225 Everglades Ave Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 708 Suite, Apt. #, etc.
City & State Palm Beach, FL	City & State Palm Beach
Zip 33480	Country USA
Zip 33480	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-9-1984	
5. FEI Number 592465807	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Joe DAlfonso	
Street Address (P.O. Box Number is Not Acceptable) 225 Everglades Apt 2	
Suite, Apt. #, Etc.	
City Palm Beach	State FL
Zip Code 33480	

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 X Joseph DAlfonso	Date 4/4/03
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	Joe DAlfonso	225 Everglades Ave #2	Palm Beach, FL 33480
VP	Charles Baumann	9733 Spray Dr.	W. Palm Bch FL 33411
T	Louise Flecker	225 Everglades Ave # 7	Palm Beach, FL 33480
D	Ali DiNovo	225 Everglades Ave # 4	Palm Beach FL 33480
D	R. James Ostrander	769 Lake Ave	Greenwich, CN 06830

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 under section 119.07(3)(i), 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: X Joseph DAlfonso SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/4/03 Daytime Phone #

2/4/5