

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N09925

1. Corporation Name

ISLAND THEATER WING, INC.

00 OCT 16 PM 2:08

Principal Place of Business

Mailing Address

2200 PERIWINKLE WAY
~~P.O. BOX 1459~~
SANIBEL FL 33957

2200 PERIWINKLE WAY
P.O. BOX 1459
SANIBEL FL 33957



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

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4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1985

5. FEI Number

59-2617321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVP DVP	FITCH, STONIA CARLA BENINGA	1059 BUTTWOOD LN 5305 UMBRELLA POOL RD	SANIBEL FL 33957 SANIBEL FL 33957
DP	DONOGHUE, WINNIE	1016 FISH CROW RD	SANIBEL FL 33957
DS DS	BOSCOV, JOE	635 E GULF DR	SANIBEL FL 33957
DT DT	BERINGA, CARLA LAVELLE, Jim	5305 UMBRELLA POOL RD 146 DRION COURT	SANIBEL FL 33957
D	SHIRLEY JEWELL	1101 SCHOONER	SANIBEL, FL 33957
D	JANA SPONE	1421 SANDCASTLE ROAD	SANIBEL, FL 33957

8. Name and Address of Current Registered Agent

~~BOSCOV, JOE~~
~~635 E GULF DR~~
SANIBEL FL 33957

9. Name and Address of New Registered Agent

Name
JOHN H. BRALOVE
Street Address (P.O. Box Number is Not Acceptable)
1480 ROYAL POINCIANA DR.
Suite, Apt. #, Etc.
700003433847--8
City
SANIBEL
10/28/00 State 01067-017
****245.0FL****33957

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Shirley Jewell

REGISTERED AGENT MUST SIGN

Date

10/13/2000

11. 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:

Shirley Jewell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00
Date

(941) 395-1099
Daytime Phone #