

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

15 OCT 21 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N1000005954

1. Corporation Name

Sanctuary Island Inc.

2. Principal Office Address - No P.O. Box #

1101 South Miramar Ave

State, Apt. #, etc.

303

City & State

Indialantic Florida

Zip

32903

Country

USA

3. Mailing Office Address

1101 South Miramar Ave

State, Apt. #, etc.

303

City & State

Indialantic, Florida

Zip

32903

Country

Brevard

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 1, 2010

5. FEI Number

27-2889397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

501 (c) (3) Public Charity

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara L. O'Brien

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

1101 South Miramar Ave

State, Apt. #, etc.

303

City

Indialantic,

State

FL

Zip Code

32903

REINSTATEMENT

800278357378
10/22/15--01001--011 **236.25

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

Barbara L. O'Brien President
REGISTERED AGENT MUST SIGN Co-Founder

Date 10/20/2015

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
Secretary	Anita Herbst	30 Birchwood Road	Randolph NJ 07869
President	Barbara L. O'Brien	1101 S. Miramar Ave	Indialantic, FL 32903
Treasurer/VP	John O'Brien Deceased 2015		
Board	Marc Hurlbert	1345 Avenue of the Americas	NY, NY 10105
Board	Gary Greenfield PhD	3220 River Villa Way	Melbourne Beach FL 32951
Board	Eleanor & Paul Gaffney	45 Dante Dr.	Manchester NJ 08759

10. E-mail Address: barbaralobrienmhs@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.156, F.S.

SIGNATURE:

Barbara L. O'Brien Barbara L. O'Brien

10/20/2015 732-778-3607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RLK