

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 28 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 39229

1. Corporation Name
Island Paradise Condominium Association, Inc.

REINSTATEMENT 00-05

2. Principal Office Address
3001 Gulf Drive

3. Mailing Office Address
3001 Gulf Drive

Suite, Apt. #, etc.

City & State
Holmes Beach, FL

City & State
Holmes Beach, FL

Zip Country
34217 USA

Zip Country
34217 USA

5/7/04 CR2E081 (8/05) 01079025 #48125

4. Date Incorporated or Qualified To Do Business in Florida
7-20-1990

5. FEI Number
65-0331015

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
Barry Gould c/o Island Vacation Properties, LLC

Street Address (P.O. Box Number is Not Acceptable)
3001 Gulf Drive

Suite, Apt. #, Etc. 500060019405
09/28/05--01004--001 **70.00

City
Holmes Beach

State Zip Code
FL 34217

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
Barry Gould

Date
9-22-05

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
President	Kevin Riley	1806 Frankin Ave. McLean, VA 22101	McLean, VA 22101
VP	Adam Zajdel	Westring 35 D-60488	Frankfort A.M. Germany
Secy/ Treasurer	Mania Fernandez GOLD	9000 Jones Mill Rd	Chevy Chase, MD 20815
Asst. Sec.	Barry Gould	6311 Gulf Dr.	Holmes Beach FL 34217

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)(l), 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: Barry Gould Barry Gould

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-05

Date

941-448-5500

Daytime Phone #