

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 22 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031619

1. Corporation Name

Sea Island Properties, Inc.

2. Principal Office Address

4000 Oceanshore Boulevard

Suite, Apt. #, etc.

City & State

Ormond Beach, Florida

Zip

32176

Country

USA

3. Mailing Office Address

4000 Oceanshore Boulevard

Suite, Apt. #, etc.

City & State

Ormond Beach, Florida

Zip

32176

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/23/2000

5. FEI Number

59-3661679

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

Ronald N. Johnson

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

326 S. Grandview Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

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

Ronald N. Johnson
REGISTERED AGENT MUST SIGN

Date January 10, 2003

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
PD	Tim Hassler	3110 John Anderson Drive	Ormond Beach, Florida 32176
VSTD	John Ledbetter	3080 John Anderson Drive	Ormond Beach, Florida 32176

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)