


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 26 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000056546  
1. Corporation Name  
Island Girl Innovations, Inc.

**REINSTATEMENT 01-04**  
02/02/04 01031 001 \$1,050.00  
3/16/04 01050 019 \$150.00

<b>2. Principal Office Address</b> 3910 Cape Haze Drive		<b>3. Mailing Office Address</b> 3910 Cape Haze Drive	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Placida, FL		City & State Placida, FL	
Zip 33947	Country USA	Zip 33947	Country USA

**4. Date Incorporated or Qualified To Do Business in Florida** 06/02/2000

<b>5. FEI Number</b> 65-1030503	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Violet Bargeon	
Street Address (P.O. Box Number is Not Acceptable) 3910 Cape Haze Drive	
Suite, Apt. #, Etc. N/A	
City Englewood	State Zip Code FL 33947

**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: [Signature] Date: 1/26/04  
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
D	Violet Bargeon	3910 Cape Haze Drive	Placida, FL 33947

**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)(f), 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: Violet E. Bargeon  
[Signature] 1-26-04 991 270-7525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E681 (1/00/02)