2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000008505

Entity Name: ISLAND HOP, INC.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
135 OCEAN DRIVE, #712 MIAMI BEACH, FL 33139				530 OCEAN DRIVE, #109 MIAMI BEACH, FL 33139		
Current Mailing Address:				New Mailing Address:		
135 OCEAN DRIVE, #712 MIAMI BEACH, FL 33139				530 OCEAN DRIVE, #109 MIAMI BEACH, FL 33139		
FEI Number:	65-0769853	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	ew Registered Agent:
FAIRCLOTH, MICHAEL 135 OCEAN DRIVE, #712 MIAMI BEACH, FL 33139 US				FAIRCLOTH, MICHAEL 530 OCEAN DRIVE, 109 MIAMI BEACH, FL 33139 US		
	named entity so e of Florida.	ubmits this statement for the pu	rpose o	f changing it	s registered of	fice or registered agent, or both,
SIGNATUF	RE: MICHAEL	FAIRCLOTH				10/06/2005
	Electroni	c Signature of Registered Agen	ıt			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () I FAIRCLOTH, MIC 135 OCEAN DRI MIAMI BEACH, F	VE, #712		Title: Name: Address: City-St-Zip:	P (X) FAIRCLOTH, MI 530 OCEAN DRI MIAMI BEACH, F	VE, #109
Title: Name: Address: City-St-Zip:	()!	Delete		Title: Name: Address: City-St-Zip:	P () FAIRCLOTH, MI 530 OCEAN DRI MIAMI BEACH, F	VE, 109
Title: Name: Address: City-St-Zip:	()1	Delete		Title: Name: Address: City-St-Zip:	P () FAIRCLOTH, MI 530 OCEAN DRI MIAMI BEACH, F	VE, 109
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Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	P () FAIRCLOTH, MI 530 OCEAN DRI MIAMI BEACH, F	VE, 109
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	P () FAIRCLOTH, MI 530 OCEAN DRI MIAMI BEACH, F	VE, 109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FAIRCLOTH P 10/06/2005