

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -9 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800009418418  
01/10/03--01074--002 \*\*238.75

800009418418  
12/09/02--01061--003 \*\*70.00

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

DOCUMENT # **001000008505**

1. Corporation Name **Island Hop Inc.**

2. Principal Office Address <b>135 Ocean Drive</b> Suite, Apt. #, etc. <b># 704</b> City & State <b>Miami Beach, FL</b> Zip <b>33139</b> Country <b>U.S.A</b>		3. Mailing Office Address <b>135 Ocean Dr.</b> Suite, Apt. #, etc. <b># 704</b> City & State <b>Miami Beach, FL</b> Zip <b>33139</b> Country <b>U.S.A</b>	
---	--	---	--

4. Date Incorporated or Qualified To Do Business in Florida <b>10/2000</b>	
5. FEI Number <b>65-0769853</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>Michael Faircloth</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>135 Ocean Dr.</b>	
Suite, Apt. #, Etc. <b># 704</b>	
City <b>Miami Beach, FL</b>	State <b>FL</b>
Zip Code <b>33139</b>	

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 *Michael Faircloth* Date **12/4/2002**

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	Michael Faircloth	135 Ocean Dr. # 704	Miami Beach, FL 33139
D	Hugh W Jr. Treadwell	1024 Lennox Ave # 4	Miami Beach, FL 33139

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)(d), 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: *Michael Faircloth* Date **12/4/2002** (305) 673-3225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

js 12/10

Florida Dept. of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, Fl 32314

Island Hop, Inc.  
Michael Faircloth  
135 Ocean Drive. #704  
Miami Beach, Fl 33139

December 4, 2002

To Whom It May Concern:

During the past two and ½ months, I have been closing an office in California and have been traveling back and forth between Los Angeles and Miami. During that time, it has been quite difficult to keep track of all mail and apparently the notification for the Annual Report being due was most likely lost, as I never received it. Enclosed, please find my application for corporation reinstatement and my check for \$70.00 to cover the annual report fee and certificate of status.

Please contact me if I can be of any assistance and I apologize for the inconvenience.

Sincerely,



Michael Faircloth  
President  
Island Hop, Inc.