

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Nov 05, 2002 8:00 A**  
**Secretary of State**

DOCUMENT # **P01000030721**

1. Corporation Name

**ISLAND DROP, INC.**

Principal Place of Business

**14812 PADDOCK DRIVE  
WELLINGTON FL 33414**

Mailing Address

**14812 PADDOCK DRIVE  
WELLINGTON FL 33414**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

**1218 Olive Tree Cir.**

City & State

**West Palm Beach**

Zip

**FL**

Country

**U.S.A.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**02**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/21/2001**

5. FEI Number

**651090772**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>MORALES, THOMAS</b>	<b>14812 PADDOCK DRIVE</b>	<b>WELLINGTON FL 33414</b>
<b>D</b>	<b>11 11</b>	<b>1218 Olive Tree</b>	<b>West Palm Beach FL 33413</b>
<b>D</b>	<b>11 11</b>	<b>1218 Olive Tree</b>	<b>West Palm Beach FL 33413</b>

**500008813689**  
**11/05/02--01101--014 \*\*236.25**

8. Name and Address of Current Registered Agent

**MORALES, THOMAS**  
**14812 PADDOCK DRIVE**  
**WELLINGTON FL 33414**

9. Name and Address of New Registered Agent

Name

**MORALES THOMAS**

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

**1218 Olive Tree Cir.**

Suite, Apt. #, Etc.

**1218**

City

**West Palm Beach**

State

**FL**

Zip Code

**33413**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date **10-30-02**

11. 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 REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**THOMAS MORALES 10-30-02**

Date

Daytime Phone #

CR2E040 (8/02)