

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 OCT 25 AM 11:58

DOCUMENT # PO1000072187

1. Corporation Name

Islandshandscaping and Design Inc

2. Principal Office Address - No P.O. Box #

5703 Red Bug Lake Rd.

Suite, Apt. #, etc.

# 372

City & State

Winter Springs, FL

Zip

32708

Country

USA

3. Mailing Office Address

5703 Red Bug Lake Rd

Suite, Apt. #, etc.

# 372

City & State

Winter Springs, FL

Zip

32708

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/2007

5. FEI Number

593738275

☐ 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

Raymond Shelly

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

696 Barrington Circle

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

R Shelly

REGISTERED AGENT MUST SIGN

Date 10/10/07

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
<u>President</u>	<u>Raymond Shelly</u>	<u>696 Barrington Circle</u>	<u>Winter Springs, FL, 32708</u>

**REINSTATEMENT**

DS on 10/10/07

300111361623

10/25/07--01046--019 \*\*1050.00

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 contained in Chapter 119, 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:

R Shelly Raymond Shelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/07

Daytime Phone #

407-448-2108