

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086604

1. Corporation Name

ISLAND STYLE CARE SERVICES CORPORATION

Principal Place of Business

3247 BUCKRUN DRIVE
BRANDON FL 33511

Mailing Address

3247 BUCKRUN DRIVE
BRANDON FL 33511

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2001

5. FEI Number

59-3752014

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
P/S/D	Heidi Lewis	3247 Buckrun Dr. Brandon FL 33511	Brandon / FL / 33511
V/T/D	Ronald Lewis	3247 Buckrun Dr.	Brandon / FL / 33511

7000008734587

10/31/02--01108--011 **150.00

8. Name and Address of Current Registered Agent

LEWIS, HEIDI
3247 BUCKRUN DRIVE
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Heidi Lewis SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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)(l), 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:

Heidi Lewis SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02 83/653 9778

Daytime Phone #

CR2E040 (8/02)

ISLAND STYLE CARE SERVICES CORPORATION

3247 Buckrun Drive
Brandon, FL 33511
Phone: 813/653-9778
Fax: 813/643-5986
Aloha627@cs.com

October 28, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations,

I am writing to you in regards of hoping to waive the reinstatement fee due to not receiving two prior uniform business report notices. We are a small business just getting started and greatly appreciate the cooperation of rectifying this misunderstanding expeditiously. Thank you for all your help.

Sincerely,



Heidi Lewis
President / Director