

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -9 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01846

1. Corporation Name

ISLAND BEACH OF WASHINGTON, INC.

2. Principal Office Address

4892 Keeneland Circle

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32819

Country

US

3. Mailing Office Address

4892 Keeneland Circle

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32819

Country

US

REINSTATEMENT

99-2801

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/84

5. FEI Number

910666270

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

Martha Radune c/o Islander Beach Resort

400003556314-3

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

1601 South Atlantic Avenue

01/22/01-01004-024

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

New Smyrna Beach

State
FL

Zip Code
32169

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

Martha A Radune

REGISTERED AGENT MUST SIGN

Date **12/7/00**

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
P/T/D	Thomas P. Williams	4892 Keeneland Circle	Orlando FL 32819
S/D	Karen A. Williams	4892 Keeneland Circle	Orlando FL 32819
			400003556314-3
			01/22/01-01004-025
			****158.75 ****158.75

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Wee

Date

Daytime Phone #

12/7/00 407-292-7622

KE

CR2E081 (9/99)