

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000063094

1. Corporation Name

Island Flavors and 'Tings

2. Principal Office Address

1411 49th Street South

3. Mailing Office Address

P.O Box 530351

Suite, Apt. #, etc.
Gulfport

Suite, Apt. #, etc.

City & State
Florida

City & State
St. Petersburg, Florida

Zip
33707

Country
USA

Zip
33707

Country
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida June 6th 2002

5. FEL Number
431967104

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
Helena Josephs

Street Address (P.O. Box Number is Not Acceptable)
1411 49th Street South

Suite, Apt. #, Etc.

City
Gulfport

State
FL

Zip Code
33707

REINSTATEMENT

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

Helena Josephs

REGISTERED AGENT MUST SIGN

Date

03/03/06

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	Helena Josephs	1411 49th Street South	Gulfport, Florida 33707
VP	Deloris Owens	8510-Renald Blvd.,	Tampa, Florida 336172
T	Richard Lee	5638 56th Terrace North	St. Petersburg, FL 33709
S	David Charles	2293 Cumberland Circle	Clearwater, Florida 33763

600069062046
03/30/06-01059-014 **1058.75

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 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:

HELENA JOSEPHS *Helena Josephs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/06

Daytime Phone #

727-327-6416

Page 2 of 2

Re Island Flavors and 'Tingp

Document # P02000063094

1411 49th Street South
Gulfport, FL 33707

Re-Instatement Fee \$1050

Certificate of Status

8.75
<hr/>
1058.75