

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 19 PM 3:48

700173686097  
04/19/10--01003--010 \*\*300.00

**REINSTATEMENT** 08-10

700173686097  
03/30/10--01028--004 \*\*150.00  
CR2E081 (11/09)

DOCUMENT # P0200071982

1. Corporation Name

Island Funding Inc

W10-15870

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

944 Lane Ave North

Suite, Apt #, etc.

City & State

Jacksonville & FL

Zip

32254

Country

USA

3. Mailing Office Address

PO Box 6219

Suite, Apt #, etc.

City & State

Jacksonville & FL

Zip

32236

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 7/1/2002

5. FEI Number

710893368

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

William E Hart

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

950 Paradise Circle

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

☒ 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 3/25/2010

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
CEO	William E Hart	950 Paradise Circle	Atlantic Beach/FL/32233
Pres	William E Hart	950 Paradise Circle	Atlantic Beach/FL/32233
Secty	William E Hart	950 Paradise Circle	Atlantic Beach/FL/32233

10. E-mail Address: bt artjax@aol.com

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2010

Date

9045713609

Daytime Phone #