

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000087145

1. Corporation Name

ISLA KEY PROPERTIES, INC.

Principal Place of Business

Mailing Address

1110 PINELLAS BAYWAY #113  
TIERRA VERDE FL 33715

1110 PINELLAS BAYWAY #113  
TIERRA VERDE FL 33715

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/2002

5. FEI Number

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D             | MARCUM, DEBORAH M                         | 1110 PINELLAS BAYWAY #113                              | TIERRA VERDE FL 33715   |
| D             | KING, DONNA M                             | 1110 PINELLAS BAYWAY #113                              | TIERRA VERDE FL 33715   |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

400024252924  
10/29/03--01053--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARSENAULT, KENNETH G JR.  
10225 ULMERTON ROAD  
SUITE 2  
LARGO FL 33771

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-27-03

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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2003  
Date

727  
542-2877  
Daytime Phone #

CR20040 (7/03)

October 14<sup>th</sup> 2003

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Madam

Please find enclosed report for re-instatement. We apologise for not returning this sooner but we did not receive any paperwork from you and were unaware of this requirement.

I hope you will overlook our error and waive the additional fee of \$600.00.  
Thanking you in anticipation.

Sincerely,

A handwritten signature in cursive script, reading "Deborah H. Marcum".

Deborah Marcum  
Isla Key Properties, Inc  
1110 Pinellas Bayway # 113  
Tierra Verde, FL 33715

Encl. Application for Reinstatement form