

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000130495.

1. Corporation Name

ISLE MOJO, INC.

2. Principal Office Address

1116 TRUMAN AVE

3. Mailing Office Address

P.O. Box 6204

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

KEY WEST, FLA.

City & State

KEY WEST, FLA.

Zip

33040

Country

USA

Zip

33041

Country

USA

REINSTATEMENT

03-04
MRS

900035533869

05/05/04--01046--012 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/02

5. FEI Number

57-1142037

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

ANTHONY CATALFOMO

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

506 LOUISA ST.

Suite, Apt. #, Etc.

City

KEY WEST

State
FL

Zip Code

33040

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

Anthony Catalfomo

REGISTERED AGENT MUST SIGN

Date

4/11/04

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
PSTD	JOE DEVLIN	P.O. Box 6204	KEY WEST, FLA. 33041

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)(f), 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:

Joe Devlin (JOE DEVLIN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/04 (305) 292-5471

Daytime Phone #

CR2E081 (01/04)