2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000013803

3925 JOG ROAD

GREENACRES, FL 33467

Address:

City-St-Zip:

FILED Oct 27, 2004 Secretary of State

Entity Na	me: ISLAND E	BASKET, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
3925 JOG GREENAC	ROAD CRES, FL 3346	57			
Current Mailing Address:			New Mailing Address:		
3925 JOG GREENAC	ROAD CRES, FL 3346	57			
FEI Number	: 56-2315367	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
11163 PAG	, HERMANCE CIFICA STREE TON, FL 3346				
	named entity se of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () WILLIAMS, ERI 3925 JOG ROA GREENACRES,	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () WILLIAMS, HEF 3925 JOG ROA GREENACRES,	D	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () WILLIAMS, SAS 3925 JOG ROA GREENACRES,	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD () LINDO, PATRIC	Delete E	Title: (() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HERMANCE WILLIAMS PD 10/27/2004