


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN 10 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000016117**

1. Corporation Name
ORCHID ISLAND INVESTMENT, INC

W10 - 22120

2. Principal Office Address - No P.O. Box #
709 SEBASTIAN BLVD, ~~SEE~~ - SAME
Suite, Apt. #, etc.
STE. E

3. Mailing Office Address
- SAME
Suite, Apt. #, etc.

City & State
SEBASTIAN, FL

Zip Country
32958 US

800180273698
05/04/10--01046--016 **150.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-~~000~~0591732 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
SHANNON DIMOND

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

Suite, Apt. #, Etc.
STE. E

City State Zip Code
SEBASTIAN FL 32958

PROFIT CORPORATIONS ONLY

The \$600.00 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 **Shannon Dimond** Date **4-30-10**

REGISTERED AGENT MUST SIGN

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
PRES	DAVID M. DIMOND	709 SEBASTIAN BLVD, SEE STE E	SEBASTIAN, FL 32958
VP	SHANNON L. DIMOND	709 SEBASTIAN BLVD, STE E	SEBASTIAN, FL 32958

800180273698
06/09/10--01003--020 **8.75

800180273698
06/09/10--01003--021 **300.00

10. E-mail Address: **shannon.dimond@raymondjames.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: **Shannon L. Dimond** Date **4/30/10** Daytime Phone # **772-581-9799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR