

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 OCT 31 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 904000029359

**1. Corporation Name**

AN ISLAND PLACE REALTY,  
INC

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

411 PINE AVENUE PO BOX 1178

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

ANNA MARIA FL

City & State

ANNA MARIA FL

Zip

34216

Country

USA

Zip

34216

Country

USA

**REINSTATEMENT**  
CR2E081 (1/07) 05.47

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2-12-2004

**5. FEI Number**

☐ 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

SUE CARLSON

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

411 PINE AVENUE

Suite, Apt. #, Etc.

(MAILING: PO BOX 1178)

City

ANNA MARIA

State

FL

Zip Code

34216

☒ 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

Sue Carlson

REGISTERED AGENT MUST SIGN

Date 10-29-07

**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
Owner DIRECTOR	SUE CARLSON	411 Pine Ave	Anna Maria FL 34216

200111535312  
10/31/07--01010--009 \*\*450.00

**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 contained in Chapter 119, 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:**

Sue Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-07 941 775-9320

Date

Daytime Phone #

B. Mitchel OCT 31 2007