

SEP. 24. 2008 2:35PM

CAPITAL CONNECTION

NO. 9103 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP 29 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO40000631333**

1. Corporation Name

ISLANDERS REALTY CORP.

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

3. Mailing Office Address

258 SOLANA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH FL

Zip

Country

32082

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

2/17/2004

5. FEI Number

56-2440277

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

JOHN E. ANDERSON

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

129 LAMPLIGHTER LANE

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

☒ 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

John E. Anderson

REGISTERED AGENT MUST SIGN

Date

9/25/08

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.	JOHN E. ANDERSON	129 LAMPLIGHTER LA PONTE VEDRA BEACH FL 32082	PONTE VEDRA BEACH FL 32082

900136822749
10/10/08--01044--011 **300.00

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

John E. Anderson **JOHN E. ANDERSON**

Date

9/24/08

Oayline Phone #

904 6873082