2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000101535

Entity Name: ISLANDS COACHWORKS, INC.

FILED Oct 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16 TIDEWATER DR 1717 N BAYSHORE DR ORMOND BEACH, FL 32174

#207

MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

16 TIDEWATER DR 1717 N BAYSHORE DR

ORMOND BEACH, FL 32174 #207

MIAMI, FL 33132

FEI Number: 51-0595059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALLE', BRIAN T SALLE', BRIAN T 16 TIDÉWATER DRIVE 1717 N BAYSHORE DR US #207 ORMOND BEACH, FL 32174

MIAMI, FL 33132 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN SALLE 10/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SALLE', BRIAN T Name: Name: SALLE', BRIAN T 16 TIDEWATER DRIVE 1717 N BAYSHORE DR #207 Address: Address:

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: MIAMI, FL 33132

() Delete Title: S,VP Title: S,VP (X) Change () Addition

SALLE', KAREN M Name: Name: SALLE', KAREN M

16 TIDEWATER DR Address: 1717 N BAYSHORE DR #207 Address:

ORMOND BEACH, FL 32174 MIAMI, FL 33132 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

VΡ SIGNATURE: KAREN SALLE' 10/01/2008