

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000027612

1. Corporation Name

Leisure Island Realty Group, Inc.

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

8695 College Pkwy

Suite, Apt. #, etc.

Suite 1071

City & State

Fort Myers, FL

Zip

33919

Country

USA

3. Mailing Office Address

8695 College Pkwy

Suite, Apt. #, etc.

Suite 1071

City & State

Fort Myers, FL

Zip

33919

Country

USA

7. Name and Address of Current Registered Agent

Name

Matt Grattenthaler

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

8695 College Pkwy

Suite, Apt. #, Etc.

Suite 1071

City

Fort Myers

State

FL

Zip Code

33919

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**

Matthew Grattenthaler

Date 06/26/2009

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.	Thomas Grattenthaler	3342 SE 10th Pl.	Cape Coral, FL 33904
V/Pres.	Shyla Grattenthaler	3342 SE 10th Pl.	Cape Coral, FL 33904
Secr.	Matthew Grattenthaler	1249 Myerlee Country Club Blvd.	Fort Myers, FL 33919

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:

Matthew Grattenthaler

Matthew Grattenthaler

06/26/2009

239-415-5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JUL 16 PM 1:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

600158012716
06/30/09--01043--008 **150.00
600158012716
07/16/09--01045--002 **158.75

REINSTATEMENT 08-09

CR2E081 (12/08)

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

08/03/2007

5. FEI Number
20-8553998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ 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.