

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 JUN 02 PM 12:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 913000075425

1. Corporation Name

ISLAND DEVELOPMENT VENTURES
.INC

600367476936

06/02/21--01013--012 **1350.00

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

6 OCEANSIDE DR

3. Mailing Office Address

6 OCEANSIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST Augustine Beach

City & State

ST Augustine Beach

Zip

32080

Country

ST JOHNS

Zip

32080

Country

ST JOHNS

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9-12-2013

5. FEI Number

46-4146752

☐ 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

ERIC KENNEY

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

751 VISCAYA BLVD

Suite, Apt. #, Etc.

City

ST Augustine

State

FL

Zip Code

32086

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

Eric R Kenney
REGISTERED AGENT MUST SIGN

Date 4/28/2021

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	ERIC R KENNEY	6 OCEANSIDE DR	ST Augustine FL 32080

REINSTATEMENT

JUN 2 2021

R. HUNT

10. E-mail Address: INFILL.LOTS@NETZERO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Eric R Kenney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2021
Date

Daytime Phone #