

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2024 NOV 20 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # P16000090506

1. Corporation Name

Island Jay Inc.

[New Address]

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

1215 W Brandon Blvd

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

U.S.

3. Mailing Office Address

[New Address]

1215 W Brandon Blvd

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

U.S.

CS2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/9/2016

5. FEI Number

81-4285505

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

Alistair Mitchell

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

5510 E Langbort Blvd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

300489931843  
11/20/24--01005--005 \*\*835.00

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

REGISTERED AGENT MUST SIGN

Date 11/6/2024

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
Mr.	Alistair Mitchell	5510 E Langbort Blvd	Tampa, FL 33615
			DM 11/20/24

10. E-mail Address: Alistair @emma bay . 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2024

Date

Daytime Phone #