

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 18 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000033573		
1. Entity Name ISLAND SEAPLANES, INC.		

Principal Place of Business 109 EAGLES WEST DR CRESCENT CITY, FL 32112 US	Mailing Address 109 EAGLES WEST DR CRESCENT CITY, FL 32112 US
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2. Principal Place of Business 109 EAGLES NEST DR Suite, Apt. #, etc.	3. Mailing Address 109 EAGLES NEST DR Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent BANNON, ANDREA 20 N. SUMMIT STREET CRESCENT CITY, FL 32112	
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7. Name and Address of New Registered Agent Name: HAENFLER, JAMES Street Address (P.O. Box Number is Not Acceptable): 20 N. SUMMIT STREET City: CRESCENT CITY FL Zip Code: 32112	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: JAMES HAENFLER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		11-3-4 DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT, PETER E 109 EAGLE'S NEST DRIVE CRESCENT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900042871663 11/18/04--01051--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCOTT, LOUISE 109 EAGLES NEST DRIVE CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: PETER E. SCOTT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11-3-4 386-467-8767 Date Daytime Phone #