PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMENT	S	DEPARTMENT OF STATE ecretary of State sion of corporations		FILED MAY 26 PM 4: 05	5		
DOCUMENT # P9400021787 1. Corporation Name ISLAND CAPITAL INVESTMENTS, INC.					CRETARY OF STATE LAHASSEE, FLORIDA	4		
2. Principal Office Address 881 OCEAN DRIVE 2742 BISC			fice Address CAYNE BLVD	700055368377 05/26/0501031024 **493.75				
Suite, Apt. # STE 27		Suite, Apt. #, e	etc.	4. Date Incorporated or Qualified				
		City & State			To Do Business in Florida 03/21/1994 5. FEI Number Applied For			
Zip 33149	Country	Zip 33137	Country US	65-0494 6. CERTIFICATE	S OF STATUS DESIDES TO \$8.75 A	Not Applicable dditional Fee required Certificate of Status		
		7. N	ame and Address of Current Register	ed Agent				
	Name RICHARD I KIRBY							
	Street Address (P.O. Box Number is N 881 OCEAN DRIVE	ot Acceptable)						
Suite, Apt. #, Etc. STE 27B			· · · · · · · · · · · · · · · · · · ·					
	City KEY BISCAYNE				State Zip Code 33149			
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								
9. Names	and Street Addresses of Each Officer an			ast 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
D	RICHARD I KIRBY		881 OCEAN DRIVE STE 27B		KEY BISCAYNE FL 33149			
D	RICHARD K KIRBY		881 OCEAN DRIVE STE 27B		KEY BISCAYNE FL 33149			
D	JOHN KIRBY		881 OCEAN DRIVE STE 27B		KEY BISCAYNE FL 33149			
D	JULIANE KIRBY		881 OCEAN DRIVE STE 27B		KEY BISCAYNE FL 33149			
D	CATHERINE URREA		881 OCEAN DRIVE STE 27B		KEY BISCAYNE FL 33149			
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 filling 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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

ASP

. CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 • (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Island Capital Investm	ents, In c.
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search
Requested by: W 5/26 11:00 Name Date Time	Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
Walk-In Will Pick Up	Courier

The state of the s

Island Capital Investments, Inc. 881 Ocean Drive Suite 27B Key Biscayne FL 33149

5-25-05

Department of State Division of Corporations 409 East Gaines Street Tallahassee FL 32399

Re: Document # P94000021787

Reinstatement

To Whom It May Concern:

I would like to request an abatement of the penalties associated with the reinstatement of my company.

I had never received any notices for renewal of my corporation.

Also, please simultaneously process the enclosed Articles of Amendment as my original corporate name has been taken by a newly formed entity.

Enclosed is a check for \$493.75 in order to cover the filing fees for the past three years' annual reports, the Articles of Amendment, and a Certificate of Status.

Thank you,

Richard I Kirby

Director