

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -5 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018974

1. Corporation Name

ISLAND GROUP ENTERPRISES, INC.

2. Principal Office Address

1121 A SOUTH 21 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

Zip

33020

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1995

5. FEI Number

65-0576496

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/19/06 01005 023 \$820.00
CR2E081 (12/05)

REINSTATEMENT 02-06

7. Name and Address of Current Registered Agent

Name
EAMON TONER

Street Address (P.O. Box Number is Not Acceptable)
1121 A SOUTH 21 AVE

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33020

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

Eamon Toner
REGISTERED AGENT MUST SIGN

Date 12.26.2006

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
P/S/D.	EAMON TONER	1121 A SOUTH 21 AVE	HOLLYWOOD, FL 33020

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:

Eamon Toner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.26.2006 954-925-5003
Date Daytime Phone #