2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2007
Secretary of State

DOCUMENT# P95000019465

Entity Name: INNISCARRA, INC.

Current Principal Place of Business:

EATON LODGE
511 EATON STREET
KEY WEST, FL 33040

New Principal Place of Business:

HERLONG MANSION
402 NE CHOLOKKA BLVD BOX 667
MICANOPY, FL 32667

Current Mailing Address:

EATON LODGE
511 EATON STREET
KEY WEST, FL 33040

New Mailing Address:

HERLONG MANSION
402 NE CHOLOKKA BOX 667
MICANOPY, FL 32667

FEI Number: 65-0569127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUIR, WILLIAM T ESQ.
% DUNWOODY WHITE & LANDON, P.A.
550 BILTMORE WAY, SUITE 810
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TOBY MUIR

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WEST, STEVEN JOHN
Address: EATON LODGE, 511 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: VSD ( ) Delete
Name: WEST, CAROLYN STEVEN
Address: EATON LODGE, 511 EATON STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: WEST, STEVEN JOHN
Address: 402 NE CHOLOKKA BLVD BOX 667
City-St-Zip: MICANOPY, FL 32667

Title: VSD (X) Change ( ) Addition
Name: WEST, CAROLYN STEVEN
Address: 402 NE CHOLOKKA BLVD
City-St-Zip: MICANOPY, FL 32667

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN STEVENS-WEST VSD 10/11/2007

Electronic Signature of Signing Officer or Director — Date