

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058884**

1. Corporation Name

ISLAND DRILLING, INC.

Principal Place of Business

**1305 EAST NOME STREET
TAMPA FL 33604**

Mailing Address

**1305 EAST NOME STREET
TAMPA FL 33604**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

07/28/1995

5. FEI Number

59-3327249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ZAUMEYER, DAVID	P.O. BOX 7218 N/A	TAMPA FL

300003013683--9
10/13/99-01047-007
*****1058.75 ***1058.75**

8. Name and Address of Current Registered Agent

**RUBIN, LEE M
610 WEST DE LEON STREET
TAMPA FL 33606**

9. Name and Address of New Registered Agent

Name
DAVID ZAUMEYER
Street Address (P.O. Box Number is Not Acceptable)
1305 E. NOME ST.
Suite, Apt. #, Etc.
City
TAMPA State
FL Zip Code
33604

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/10/99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 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 if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/99

Daytime Phone #

813-620-1778

APPROVED
AND
FILED

59 OCT 11 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



97-99

CR2E040 (9/97)