

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 AUG 17 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085882

1. Corporation Name

THE ISLAND LAND COMPANY, INC.

Principal Place of Business

343 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address

343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable
45 Alhambra Plaza

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip
33134

Country

3. New Mailing Office Address, If Applicable
45 Alhambra Plaza

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip
33134

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1996

5. FEI Number

65-0699832

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BROWN, JON T	343 ALMERIA AVENUE 45 Alhambra Plaza	CORAL GABLES FL 33134
STD	BARTON, G. PAUL	343 ALMERIA AVENUE 45 Alhambra Plaza	CORAL GABLES FL 33134

600002621376--3

-08/20/98--01085--012

****900.00 ****900.00

8-19-98

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A., d/b/a AmeriLawyer

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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

By: Natalia Utrera, Vice President

Date 8/13/98

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

8/13/98

Date

Daytime Phone #

305-444-0444

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