

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -6 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095787

1. Corporation Name

ISLAND DETAILS & SERVICES, INC.

Principal Place of Business

Mailing Address

P O BOX 976  
SANIBEL FL 33957

P O BOX 976  
SANIBEL FL 33957

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1996

5. FEI Number

65-0710878

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	4. City / State / Zip
PVDT	DEZOTELL, CLAIRE L	P O BOX 976 N/A	SANIBEL FL 33957
			600003070406--2 -12/15/99-01014-001 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEZOTELL, CLAIRE L  
11400 DICKEY LANE  
CATIVA ISLAND FL 33924

Name  
DEZOTELL, CLAIRE L.  
Street Address (P.O. Box Number is Not Acceptable)  
11508 ANDY ROSS LANE #7  
Suite, Apt. #, Etc.  
UNIT #7  
CATIVA ISLAND  
State FL Zip Code 33924

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

*Claire L. Dezotell*  
REGISTERED AGENT MUST SIGN

Date

12/3/99

11. 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.

KE

SIGNATURE:

*Claire L. Dezotell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CLAIRE L. DEZOTELL

12/3/99 941.851.0009  
Date Daytime Phone #