

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000105546

1. Entity Name
ISLAND LOT SERVICES, INC.



FILED

09 JAN -6 PM 5: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

Principal Place of Business

P. O. BOX 2265
MARCO ISLAND, FL 34146

Mailing Address

P. O. BOX 2265
MARCO ISLAND, FL 34146

2. Principal Place of Business - No P.O. Box #

421 13TH ST NW
Suite, Apt. #, etc.

3. Mailing Address

421 13TH ST NW
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3484459

Applied For

Not Applicable

Zip

Country

34120 USA

Zip

Country

34120 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, KATHY
421 13TH ST. SW
NAPLES, FL 34120

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kathy Mullen

V. Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-30-08

FILE NOW!!! FEE IS \$750.00

After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MULLEN, KATHY
STREET ADDRESS 421 13TH ST. SW
CITY-ST-ZIP NAPLES, FL 34120 ☐ Delete

TITLE VD
NAME MULLEN, DOUGLAS
STREET ADDRESS 421 13TH ST. SW
CITY-ST-ZIP NAPLES, FL 34120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400139534724
01/06/09--01014--009 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Mullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-08

2342897074