

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -2 AM 8:26
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009131

1. Corporation Name

ISLAND TIME TIKI, INC.

2. Principal Office Address

633 Sebastian Blvd.

Suite, Apt. #, etc.

Suite C & D

City & State

Sebastian, Florida

Zip

32958

Country

United States

3. Mailing Office Address

633 Sebastian Blvd.

Suite, Apt. #, etc.

Suite C & D

City & State

Sebastian, Florida

Zip

32958

Country

United States

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01-28-1998

5. FEI Number

593497779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFFREY CHANDLER

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

633 Sebastian Blvd.

Suite, Apt. #, Etc.

Suite C & D

City

Sebastian

State

FL

Zip Code

32958

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeffrey Chandler

Date 11-29-05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JEFFREY CHANDLER	633 Sebastian Blvd, Suite C & D	Sebastian, Florida, 32958

REINSTATEMENT 02-05

T. Roberts DEC 05 2005

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10. 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:

Jeffrey Chandler (JEFFREY CHANDLER)

11-29-05 772-388-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #