

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -4 PM 12:40

DOCUMENT # P98000012738

1. Corporation Name

ISLAND SUNSET TRAVEL, INC.

Principal Place of Business

320 HORSE CREEK DRIVE #102  
NAPLES FL 34110

Mailing Address

320 HORSE CREEK DRIVE #102  
NAPLES FL 34110



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

02/02/1998

5. FEI Number

65-0579756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 And bond 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
D	JACOMET, BERNARD	320 HORSE CREEK DRIVE #102	NAPLES FL 34110
D	CICHON-JACOMET, MARIANNE	320 HORSE CREEK DRIVE #102	NAPLES FL 34110

488883046264--8  
-11/16/99--01090--022  
\*\*\*\*150.00 \*\*\*\*150.00

10/13/94

8. Name and Address of Current Registered Agent

CICHON-JACOMET, MARIANNE  
320 HORSE CREEK DRIVE #102  
NAPLES FL 34110

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Marianne Jacomet

REGISTERED AGENT MUST SIGN

Date 10-13-99

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.

SIGNATURE:

Jacomet

Bernard JACOMET

10.13.94

(941) 591-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



# Island Sunset Travel



October 13 1999

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I have received this note from the department, and talk to an agent from your office that told me to fill it and send it back with a \$150.0 check since it was a emergency that I had to get out of the country for 6 months to see my daugther in Europe who was in a terrible accident and wasn't here to file, I am sorry about that and hope you be able to reinstate it, again I apologise for the inconvenience, but guess I had my head somewhere else, even so I left a check with a cpa to take care of it while I was gone, but obviously didn't do it, and or forgot, I will truly appreciate your help, and only god now how much I need it right now, thank you very much for your understanding hope you can do something.

Bernard Jacomet

**TOLL FREE 1-877-457-4589**  
**PHONE/FAX (941)591-3649**  
**EMAIL: bernard2@mindspring.com**

**visit us at**  
**[www.islandsunsettravel.com](http://www.islandsunsettravel.com)**

**320 Horse Creek Drive #102 - Naples, Florida 34110 USA**