

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P98000055016*

1. Corporation Name

ISLAND WATERSPORTS & SCOOTER RENTALS INC

REINSTATEMENT 99-06

2. Principal Office Address

1301 GULF DR. North

Suite, Apt. #, etc.

3. Mailing Office Address

1301 GULF DR. North

Suite, Apt. #, etc.

City & State

BRADENTON BEACH FL

City & State

BRADENTON BEACH FL

Zip

34217

Country

MANATEE

Zip

34217

Country

MANATEE

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-98

5. FEI Number

65-0848720

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

VICTORIA ANGELA SWEENEY

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

309 PALM AVE

Suite, Apt. #, Etc.

City

ANNA MARIA FL 34216

State

FL

Zip Code

34216

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

VICTORIA ANGELA SWEENEY
REGISTERED AGENT MUST SIGN

Date *11-16-06*

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
<i>PTSDC</i>	<i>VICTORIA ANGELA SWEENEY</i>	<i>309 PALM AVE</i>	<i>ANNA MARIA FL 34216</i>

200081903222
11/17/06-01034-009 \$1200.00

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 contained in Chapter 119, 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.

941-726-3163

SIGNATURE:

VICTORIA ANGELA SWEENEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

To: Corporate Reinstatement office,

11-16-06

I, Victoria Angela Sweeney purchased Island Waterspouts and Scooter Rentals inc. from Russell Cox on June 29th 1998 (see enclosed notarized assignment of subscription). I have never received any annual report notices, nor was I aware I had to file them. I spoke with your office and I am enclosing a check for 1200 dollars to get reinstated, the fee amount they said to send. Please let me know if there is anything else I need to do.

Sincerely,

Victoria Angela Sweeney

941-726-3163

Victoria Angela Sweeney
iscooters@hotmail.com
President