

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P99000046706**

1. Corporation Name

**ISLAND REEF CONNECTION, INC.**

Principal Place of Business

Mailing Address

**18240 NORTHWEST 85TH AVENUE  
MIAMI FL 33015**

**18240 NORTHWEST 85TH AVENUE  
MIAMI FL 33015**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/24/1999**

5. FEI Number

**65-0921866**

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
PSTD :	DESANGES, MONFORT	18240 NORTHWEST 85TH AVENUE	MIAMI FL 33015

700004668897--7  
-11/06/01--01046--020  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Monfort Desanges*

REGISTERED AGENT MUST SIGN

Date

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:

*Monfort Desanges*

**MONFORT DESANGES**

**10/17/01 (305) 545-7667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EMD (8/01)

ISLAND REEF CONNECTION, INC.  
18240 NW 85<sup>TH</sup> AVENUE  
MIAMI FL 33015

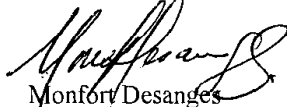
October 17, 2001

The Honorable Katherine Harris  
Secretary of State  
Tallahassee, Florida 32314

Dear Madam Secretary:

I never received the 2001 corporation annual report letter. I sincerely regret that mail never reached my mailing address. I am apologize for this matter and to ensure prompt handling I'm sending a check of \$150.00 requests for your most kind attention, concerning the reinstatement of my corporation.

Sincerely yours,

  
Monfort Desanges  
President