

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000052190

1. Corporation Name

ISLAND DESIGN & CREATIONS, INC.

Principal Place of Business

Mailing Address

~~PO BOX 013~~
~~KEY WEST FL 33041~~

~~PO BOX 013~~
~~KEY WEST FL 33041~~

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.

P.O. Box 421206
Rameo KEY, FL

E
City & State

Zip 33042 Country USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

06/09/1999

5. FEI Number

65-0930534

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	EICHNER, ARTHUR	PO BOX 013 PO Box 421206 Rameo KEY, FL	KEY WEST FL 33041 Rameo KEY, FL
D	WAGENER, EMRA	17131 MARLIN DR.	SUGARLOAF SHORES FL 33042
			300003474903--3
			-11/22/00-01081--007
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

WAGENER, EMRA
17131 MARLIN DR.
SUGARLOAF SHORES FL 33042

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

SIGNATURE REQUIRED

Date 10.17.2000

REGISTERED AGENT MUST SIGN

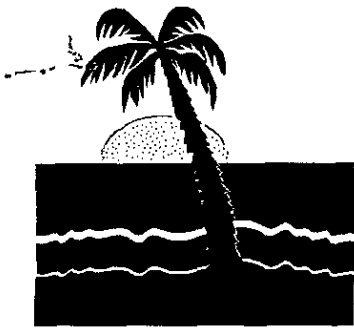
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

SIGNATURE REQUIRED
EMRA WAGENER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.17.2000 (305) 872-1907
Date Daytime Phone #

KE



Island Design & Creations Inc.

27319 Overseas Highway
Summerland Key FL 33042
Tel: (305) 872-1907
Fax: (305) 872-1748

Postal Address:
P.O. Box 421206
Summerland Key, FL 33042

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Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

October 6, 2000

Dear Sir/Madam

Please find enclosed reinstatement form duly completed as well as our check for \$150.00.

We wish to notify you that we did advise your office of our change of address about one year ago! This was the reason why we did not receive the form from your office and have it completed timeously.

Kindly check your records and amend them to include our correct address as reflected on the reinstatement form.

We trust that this will correct the situation and that in future years we will receive the appropriate forms timeously.

Thank you.

Sincerely,


Emira Wagener