

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 30 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58596**

1. Corporation Name

ISLAND CLASSICS, INC.

Principal Place of Business

Mailing Address

~~2706 ALT 19 N. KEY WEST CENTRE~~
~~STE 210~~
~~PALM HARBOR FL 34683~~
~~US~~

~~2706 ALT 19 N. KEY WEST CENTRE~~
~~STE 210~~
~~PALM HARBOR FL 34683~~
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2076 INDIAN CREEK CT

3. New Mailing Office Address, If Applicable
2076 INDIAN CREEK CT.

Suite, Apt. #, etc.
DUNEDIN, FLORIDA
City & State
34698 U.S.

Suite, Apt. #, etc.
DUNEDIN, FLORIDA
City & State
34698 U.S.

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business In Florida

06/06/1991

5. FEI Number

65-0323995

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	NELSON, JUDITH	2706 ALT 19 N. KEY WEST CENTRE,	PALM HARBOR FL
VT	NELSON, DONALD	KEY WEST CENTRE, 2706 ALT 19 N,	PALM HARBOR FL
P.D.	NELSON, JUDITH	2076 INDIAN CREEK CT	DUNEDIN FL 34698
V.T	NELSON, DONALD	2076 INDIAN CREEK CT.	DUNEDIN FL 34698.
			600002338056-5
			11/04/97-01083-026
			***585.00 ***585.00

8. Name and Address of Current Registered Agent

NELSON, DONALD K.
~~455 OCEAN VIEW AVENUE~~
~~PALM HARBOR FL 34683~~

9. Name and Address of New Registered Agent

Name
NELSON, DONALD K.
Street Address (P.O. Box Number is Not Acceptable)
2076 INDIAN CREEK CT.
Suite, Apt. #, Etc.
DUNEDIN
City

State
FL

Zip Code
34698.

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

REGISTERED AGENT MUST SIGN

Date **10.28.97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.28.97 (813) 595 5075

CR2040 (8/97)