

APPLICATION  
FOR  
REINSTATEMENT



**FILED**

98 MAY -8 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. **Corporation Name**

Florida Island Properties, Inc.

Principal Place of Business

Mailing Address

2301 Chadwick Ct.  
Boynton Bch., FL 33462

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

2. New Principal Office Address, If Applicable

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2301 Chadwick Court

Suite, Apt. #, etc.

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida \_\_\_\_\_

5. FEI Number

65-0271896

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)

[illegible]

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

W. Shannon Jones  
2301 Chadwick Court  
Boynton Bch. FL 33462

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

REGISTERED AGENT MUST SIGN

Date 7/28/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

W. Shannon Jones

4/28/98 (561) 547-3303