


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 567477

1. Corporation Name
FLORIDA ISLAND PROPERTIES, INC.

2. Principal Office Address 4116 Ardisia Path		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State	
Zip 33436	Country USA	Zip	Country

FILED
04 OCT -5 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida July 19, 1991	
5. FEI Number 650271896	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name W. Shannon Jones	
Street Address (P.O. Box Number is Not Acceptable) 4116 Ardisia Path	
Suite, Apt. #, Etc.	
City Boynton Beach	State FL
	Zip Code 33436

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 See below Date _____
REGISTERED AGENT MUST SIGN

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
P/V/T	W. Shannon Jones	4116 Ardisia Path	Boynton Beach, FL 33436

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 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 W. Shannon Jones **W. Shannon Jones/P/V/T** August 23, 2004 561-547-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)