

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V18689

1. Corporation Name

1000 ISLANDS, INC.

Principal Place of Business

Mailing Address

MANTARAY INN  
1715 S. SURF RD.  
HOLLYWOOD FL 33019  
US

5201 ADAMS ST  
HOLLYWOOD FL 33021  
US

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

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0324525

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	BOUCHER, DWAYNE	5201 ADAMS ST	HOLLYWOOD FL
ST	BOUCHER, DONNA	5201 ADAMS ST.	HOLLYWOOD FL

400008636684  
10/22/02 01126 004 \*\*550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOUCHER, DWAYNE  
5201 ADAMS ST  
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

SIGNATURE REQUIRED

Signature of Registered Agent

Date

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.22/02  
Date Daytime Phone #

MANTA RAY INN  
1715 S. SURF ROAD  
HOLLYWOOD, FLORIDA  
33019

Tel: 954-921-9666  
Fax: 954-929-8220  
1 800 255 0595

Award Winning  
Superior Small Lodging  
Award of Excellence

October 23 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida. 32314

Dear Sir/Madam:

Please find enclosed a copy of my check stub stating that I did pay my Corporate Filing on August 30 2002. I have inquired with the bank and they have indicated that this check has not cleared the bank (check 4976). I have telephoned your office and they indicated to me that I should write you a letter stating this and enclose another check. This time I will send it mail with a receipt so that I know that you have received it. If there is anything further that I should do please let me know.

Yours sincerely



-Donna Boucher.  
Encl.