

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 642520

1. Corporation Name
 INDAG MANAGEMENT, INC.

Principal Place of Business Mailing Address
~~2495 GRADY RD~~ ~~2495 GRADY RD~~
 FT. PIERCE FL 34981-4711 FT. PIERCE FL 34981-4711

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/22/1979
City & State	City & State	5. FEI Number
Zip	Country	59-2060109
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required

FILED
 01 NOV 26 PM 5:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
PD	SULLIVAN, E.H.	3475 GORDY RD.	FT. PIERCE FL 34945
STD	SULLIVAN, JOANN	3475 GORDY RD.	FT. PIERCE FL 34945
VP	WILLIS, MARY J	5400 AMERICA DR	SARASOTA FL 34231
			300004717043-3 -12/10/01-01095-008 ****158.75 ****158.75 0143R

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SULLIVAN, E.H. 3475 GRADY RD GORDY RD. FT. PIERCE FL 34981-4711 34945	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 SULLIVAN Date 10-22-01
 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: SULLIVAN, E.H. SULLIVAN 10-22-01 561-461-8894
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)