

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 19 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L809163

1. Corporation Name

INDIAN POND DEVELOPMENT CORPORATION

2. Principal Office Address

3801 N.E. 207 Street

Suite, Apt. #, etc.

109

City & State

Aventura, FL

Zip

33180

Country

3. Mailing Office Address

3801 N.E. 207 Street

Suite, Apt. #, etc.

109

City & State

Aventura, FL

Zip

33180

Country

REINSTATEMENT 916-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/18/1990

SP

5. FEI Number

650212987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **SP**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEONARD DUBLIN

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

3801 N.E. 207 Street

Suite, Apt. #, Etc.

109

City

Aventura

State

FL

Zip Code

33180

400003911874-6

-03/27/01--01046--015

***1500.00 ***1500.00

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

Leonard Dublin

REGISTERED AGENT MUST SIGN

Date 3-15-01

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
PD	LEONARD DUBLIN	3801 N.E. 207 Street, #109	Aventura, FL 33180
			<u>400003911874-6</u>
			<u>-03/27/01--01046--016</u>
			<u>*****8.75 *****8.75</u>

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:

Leonard Dublin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01 305-682-8008

Date

Daytime Phone #

CR2E081 (9/00)