PLEASE READ ALL IN	NSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
APPLICATION FLO	ORIDA DEPARTMENT OF STATE	•
FOR REINSTATEMENT	Katherine Harris Secretary of State	FILED
1	DIVISION OF CORPORATIONS	99 DEC -2 PM 2: 26
DOCUMENT # N 441	№ *•	
Indian Trails Club, Inc		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing (um (o Scruices, Inc. 446	g Address 45 North AIA Suite 150	9000030696398
	no Beach, R	-12/14/9901083005 ****236.25 ****236.25
If above addresses are incorrect in any way, line through incor	32963	REINSTATEMENT 99
New Principal Office Address, If Applicable 3. New	w Malling Office Address, Il Applicable	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. *, etc. Suite, Apt. *, etc. Suite, Apt. *, etc. Suite, Apt. *, etc.	4) NOTH HIF) API, #, elc. Lite SO	5. FEI Number Applied For
Vero Beach, Florida Ven	o Beach, Hon'da	36-3517986 Not Applicable
35963 Country USA Zip3:	457	CERTIFICATE OF STATUS DESIRED
7. Names and Street Addresses of Each Officer and/or Director Name of Officers and/or Directors	Street Address of Each	
1 2	Officer and/or Director 3 (Do NOT Use Post Office Box Nu	
Pres. Wayne Schroeder	4442 NOMA AIA	,#150 Vero Beach, A 32963
UP Robert MacFarland	4445 Novan AIA	, # 150 Vero Beach, A 32963
Treas Peter Gutierrez	4445 North AIR	9,4150 Vero Beach, A 32963
Director T. Kinkead	4445 North AIR	4,#150 Vero Beach 1 R 32963
Directu Phil Pierce	4445 North Alk	
Pirector Hab Levere Director William FitzGlbbons	4445 North A1A,	
8. Name and Address of Current Registered	nd Agent	9. Name and Address of New Registered Agent
6.11 to H Merrill Manageme	ent Name amc	O SCYLICES, The .
1105 12th Street Vero Beach, Ronda	Suite, Apt. #. Etc.	O. Box Number is Not Acceptable) North AIA,
3296		150
10. I, being appointed the registered agant of the above named	Vero	Beach State Zp Code 32963
Signature of Registered Agent Luc Culent	a.	Date ///29/99
REGISTERED AGENT MUST SIGN		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other aide 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 807 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: June Schroeder 11/29/99 561-581-0069 SIGNATURE: SIGNATURE AND TYPED OR BENEFITED NAME OF BIONING OFFICER ON DIRECTOR DOLLAR DESIGNED PROPER BOOK		
S. C.	V	And - Dalanin Linux 4