

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

02 MAR -5 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 199000001929

1. Corporation Name  
INDIAN SUMMER HOMEOWNERS  
ASSOCIATION INC.

2. Principal Office Address <u>5050 POPLAR AVE</u>		3. Mailing Office Address <u>140 PAINTED PONY RD.</u>	
Suite, Apt. #, etc. <u>24TH FLR</u>		Suite, Apt. #, etc.	
City & State <u>MEMPHIS, TN</u>		City & State <u>PORT ST. JOE FL</u>	
Zip <u>38157</u>	Country <u>USA</u>	Zip <u>32456</u>	Country <u>USA</u>

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida	<u>3-23-99</u>
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	<u>3375</u> Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name	<u>RICHARD E. PARJUEY</u> <u>ILLS</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>140 PAINTED PONY RD</u> <u>100005081521-5</u>
Suite, Apt. #, Etc.	<u>-03/11/02--01076--018</u> <u>****358.75 ****358.75</u>
City	<u>PORT ST. JOE</u> State <u>FL</u> Zip Code <u>32456</u>

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 [Signature] Date 3-5-02

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
DP	RICHARD PARJUEY	5050 POPLAR AVE. 24TH FLR	MEMPHIS, TN 38157
D	THOM LOBE	5050 POPLAR AVE. 24TH FLR	MEMPHIS, TN 38157
D	LOUIS PARJUEY	5050 POPLAR AVE. 24TH FLR	MEMPHIS, TN 38157

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: RICHARD E. PARJUEY [Signature] Date 3-5-02 901-537-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)