

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~~  
FT. PIERCE FL 34981-4744

~~2495 GRADY RD~~  
FT. PIERCE FL 34981-4744

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

10/22/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-2060109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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  
FT. PIERCE FL 34981-4744

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

SIGNATURE REQUIRED

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:

SIGNATURE SULLIVAN, E.H. SULLIVAN

Date

10-22-01

Daytime Phone #

561-461-8894