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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/25/07--01005--017 **367.50

REINSTATEMENT

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 761832	
1. Corporation Name Indian Pines Condominium Nine Association, Inc.	
2. Principal Office Address c/o 969 South Federal Hwy.	3. Mailing Office Address c/o 969 South Federal Hwy.
Suite, Apt. #, etc. Suite #401	Suite, Apt. #, etc. Suite #401
City & State Stuart, FL.	City & State Stuart, FL.
Zip 34994	Country USA

4. Date Incorporated or Qualified To Do Business in Florida March 1, 1982	
5. EEL Number 592168311	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Connie Nassar	
Street Address (P.O. Box Number is Not Acceptable) 3001 SE Aster Lane Unit #907	
Suite, Apt. #, Etc.	
City Stuart,	State FL
	Zip Code 34996

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 <i>Connie Nassar</i>	Date 12-22-06
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
P	Connie Nassar	3001 SE Aster Lane Unit #907	Stuart, FL. 34996
VP	George Cowles	3001 SE Aster Lane Unit #908	Stuart, FL. 34996
S/T	Matthew Bochenek	3001 SE Aster Lane Unit	Stuart, FL. 34996

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 contained in Chapter 119, 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: <i>Connie Nassar</i>	Date 12-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
	Daytime Phone #

INDIAN PINES NINE CONDOMINIUM ASSOCIATION, INC.

c/o 969 South Federal Highway #401

Stuart, Florida 34994

December 20, 2006

To who it may concern:

We are requesting that the reinstatement fee be waived since this paperwork never was received by me. We just recently found out when we tried to open a new bank account. Your help in resolving this matter is greatly appreciated.

Sincerely,
For the Board of Directors of
Indian Pines Nine Condominium Association, Inc.



Connie Nassar, President
