

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV -1 AM 11:52


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-06

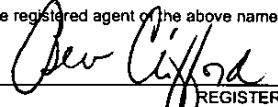
10/30/06--01041--005 **1050.00

CR2E081 (12/05)


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000001859			
1. Corporation Name Indee, Inc.			
2. Principal Office Address 9019 Overlook Blvd.		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite C-3		Suite, Apt. #, etc.	
City & State Brentwood, TN		City & State	
Zip 37027	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 4-2-01	
5. FEI Number 62-1755113	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Bev Clifford		
Street Address (P.O. Box Number is Not Acceptable) 3509 SW Sunset Trace Circle		
Suite, Apt. #, Etc.		
City Palm City	State FL	Zip Code 34991

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 	Date 10/23/06
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
Dir	Deanna G. Nichols	9019 Overlook Blvd. Suite C-3	Brentwood, TN 37027
Dir	Dana B. Goodman	9019 Overlook Blvd. Suite C-3	Brentwood, TN 37027
Dir Pres	W. Barry Goodman	9019 Overlook Blvd. Suite C-3	Brentwood, TN 37027
Dir Sec	William R. Nichols	9019 Overlook Blvd. Suite C-3	Brentwood, TN 37027
Dir	Joseph H. Wise	9019 Overlook Blvd. Suite C-3	Brentwood, TN 37027

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: 	10/6/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>
	615-385-9775
	<small>Daytime Phone #</small>

11/2