

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG 20 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F03000000827**

1. Corporation Name

Indoff, Incorporated

W08-37040

2. Principal Office Address - No P.O. Box #

11816 Lackland Rd.

Suite, Apt. #, etc.

City & State

St. Louis, MO

Zip

63146

Country

USA

3. Mailing Office Address

11816 Lackland Rd.

Suite, Apt. #, etc.

Attn: Kelly Welby

City & State

St. Louis, MO

Zip

63146

Country

USA

700133938667  
08/04/08--01049--024 \*\*1350.00

**REINSTATEMENT** 04-08

4. Date Incorporated or Qualified  
To Do Business in Florida 1/1/1994

5. FEI Number  
43-0964848

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Paula Smithson

Street Address (P.O. Box Number is Not Acceptable)

13700-L2 Raleigh Ln.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33919

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Paula Smithson*

REGISTERED AGENT MUST SIGN

Date 7/22/08

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
Pres	Jim Maikus	12113 Farmpark	St. Louis, MO 63146
Chair	John Ross	4 Bellerive Country Club	St. Louis, MO 63141
V-chair	John Temple	13525 Pine Wood Trail	St. Louis, MO 63128

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/08

Date

(314) 997-1122

Daytime Phone #

K.P./25