

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 19 AM 11:21

DOCUMENT # H02789

1. Corporation Name  
INDY R INC.

Principal Place of Business

1399 KILLION RD N  
STE 2  
LAKE PARK FL 33403  
US

Mailing Address

1399 KILLION RD N  
STE 2  
LAKE PARK FL 33403  
US



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1399 KILLION RD NORTH  
SUITE # 8  
LAKE PARK, FL

3. New Mailing Office Address, If Applicable

1399 KILLION RD NORTH  
SUITE # 8  
LAKE PARK, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1984

5. FEI Number

59-2401500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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
1	2	3	4
PVST	BUSH, HENRY D.	326 JUPITER LAKES BLVD #2310-A	JUPITER FL 33458

500003029265--5  
-10/29/99--01057--021  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WILLIAM L. KELLY~~  
~~4189 ROYAL OAK DRIVE~~  
~~PALM BEACH GARDENS FL 33410~~

Name  
HENRY D. BUSH  
Street Address (P.O. Box Number is Not Acceptable)  
326 JUPITER LAKES BLVD  
Suite, Apt. #, Etc.  
#2310-A  
City  
JUPITER  
State  
FL  
Zip Code  
33458

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

*Henry D. Bush*  
REGISTERED AGENT MUST SIGN

Date 10-13-99

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:

*Henry D. Bush* HENRY D. BUSH 10/13/99 561-845-1341  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/99)