

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -9 AM 11:38

DOCUMENT #

J32183

1. Corporation Name

INDIAN RIVER CLEANERS INC

2. Principal Office Address

1025 COMMERCE AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

Zip

32960

Country

INDIAN
RIVER

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2717031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C R CANTNER

900004475549-5

-07/16/01--01003--004

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

4365 11TH PL SW

****158.75 ****158.75

Suite, Apt. #, Etc.

900004475549-5

-07/16/01--01003--005

City

VERO BEACH

State

FL

Zip Code

32960

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

C R Cantner

Date

6/18/01

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
PRES	C. ROBERT CANTNER	4365 11TH PL SW	VERO BEACH, FL 32960
V.PRES	EDNA G. CANTNER	SAME	SAME

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 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:

C Robert Cantner

C ROBERT CANTNER

Date

6/18/01

Daytime Phone #

561
562-3305