PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF COMPORATIONS

1. DOCUMENT #

L02000006900

Name and Mailing Address

FILED 2003 NOV 20 AM 8: 54 DIVITION OF CORPORATIONS TALLAHASSEE, FLORIDA

0016018 01 MB 0.309 **AUTO T9 0 0615 32433-380244 INDY STREET, LLC 544 NORTH 9TH STREET DEFUNIAK SPRINGS FL 32433-3802



New Mailing Address 9th Street		State/Country of Formation FL		03/22/2002	
Defuniak Springs, F1. 32433		5. Date Organized or Qualified To Do Business in Florida 03/22/2002		03/22/2002	
Principal Place of Business 544 NORTH 9TH STREET DEFLINIAK SPRINGS FL 32433				Applied For Not Applicable	
City State, Zip SAME AS ABOVE			7. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent			
DOCKERY, DEVAN 544 NORTH 9TH STREET DEFUNIAK SPRINGS FL 32433		Street Address (P.O. Box Number is Not Acceptable) 544 N. 94 Street			
Defuniak Springs FL 32333					
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 10-2-2-03 REGISTIFIED AGENT MUST SIGN					
11. Names and Street Addresses of Each Managing Member/Manager					
Title(s) Name of Managing Members/Managers	Street Address of Each Managing Member/Manag		City / State / Zip		
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	REIN	ISTATE	MENT_	003	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage SUBDIVISE DESCRIPTION Date 11 1-03 Daytime Phone # 850-892-7815					
Typed or printed name of signing Managing Member/Manager					