

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L02000023968

03 DEC 26 AM 10:41

1. DOCUMENT # L02000023968

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004050 01 AT 0.292 **AUTO T8 0 0615 32901-545837



INDIALANTIC INCOME PROPERTIES, L.L.C.

837 E NEW HAVEN AVE

MELBOURNE FL 32901-5458



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/16/2002	
Principal Place of Business 837 E NEW HAVEN AVE MELBOURNE FL 32901	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 16-1660747	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BERTEL, RICK 837 E NEW HAVEN AVE MELBOURNE FL 32901	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-22-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Rick Bertel	140 3 rd Ave.	Indialantic, FL 32903

REINSTATEMENT 03

800025776688
12/26/03--01073--027 *\$155.00

12. I certify that I am managing member/manager or the recorder or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing 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/Manager

SIGNATURE REQUIRED

Date 12-22-03 Daytime Phone # 321-722-2838

Typed or printed name of signing Managing Member/Manager

Rick Bertel

CR2E084 (7/03)