

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L23440**

1. Corporation Name

INDIAN RIVER CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~645 BEACHLAND BLVD
STE 5
VERO BCH FL 32963
US~~

~~645 BEACHLAND BLVD
STE 5
VERO BCH FL 32963
US~~

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

2. New Principal Office Address, if Applicable

9415 Periwinkle Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

P.O. Box 700037

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

Zip

32963

Country

US

City & State

WABASSO FL.

Zip

32970-6037

Country

US

REINSTATEMENT **01**

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1989

5. FEI Number

65-0217985

Apply **SP** 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	THOMPSON, DAVID C.	9415 PERIWINKLE DR	VERO BEACH FL

000004698350--8

-11/29/01--01044--024

****750.00 ****750.00

8. Name and Address of Current Registered Agent

**THOMPSON, DAVID C.
9415 PERIWINKLE DRIVE
VERO BEACH FL 32960**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

David P. Thompson Pres.
REGISTERED AGENT MUST SIGN

Date **10-29-01**

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:

David P. Thompson Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-01

Date

Daytime Phone #

(561) 581-8200

CR2E040 (8/01)