

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M95022		FILED 98 MAY 22 PM 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name Indian River Bend Construction Co.		300002537573--1 -05/27/98--01100--006 ***1208.75 ***1208.75	
Principal Place of Business 2900 North Military Trail Suite #200 Boca Raton, FL 33431		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 8/19/88		5. FEI Number 650113850	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		\$8.75 Additional Fee required for a Certificate of Status	
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D/S	Peter M. Burgess	2900 N, Military Trail Suite #200	Boca Raton, FL 33431
REINSTATEMENT 98-98-16122P18			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Maximilien Rafael Karyo Fortain & Karyo, PA 370 W. Camino Gardens Blvd. Suite #403 Boca Raton, FL 33432		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: <i>[Signature]</i> REGISTERED AGENT MUST SIGN		Date: May 21 1998	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)	
12. 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER M. BURGESS PRESIDENT		Date: 6/15/98 Daytime Phone #: (661) 241 3200	