

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 11 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28022**

1. Corporation Name
Indian Harbour Beach Prof. Plaza CONDO ASSOC.

W090000004393

2. Principal Office Address - No P.O. Box #

2040 Highway A1A

Suite, Apt. #, etc.

#206

City & State

Indian Harbour Beach FL

Zip

32937

Country

USA

3. Mailing Office Address

2040 Highway A1A

Suite, Apt. #, etc.

#206

City & State

Indian Harbour Beach FL

Zip

32937

Country

USA

100142295291
01/28/09--01027--009 **297.50

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/88

5. FEI Number

650155975

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

Roy Trent

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

2040 Highway A1A

Suite, Apt. #, Etc.

#206

City

Indian Harbour Beach

State

FL

Zip Code

32937

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Roy Trent

REGISTERED AGENT MUST SIGN

Date **1-15-09**

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
President	Roy Trent	unit #206 / 2040 Hwy A1A	IHB
VP	Charles Heim	unit #201	IHB
Director	Joseph Herren	unit #203	IHB
Director	William Harr	unit #101	IHB
Director	Glenn LoSasso	unit #105	IHB

100142295291
02/11/09--01003--016 **20.00

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 contained in Chapter 119, 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:

Roy Trent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-09

Date

321-777-0474

Daytime Phone #