


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30683			
1. Corporation Name INDIAN RIDGE PROPERTY OWNERS ASSOCIATION			
2. Principal Office Address		3. Mailing Office Address KATHLEEN, FL P.O. BOX 974 - 33849	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State KATHLEEN, FL.	
Zip	Country	Zip	Country POLK
33810		33810	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LAURA SCHAFFER			
Street Address (P.O. Box Number is Not Acceptable) 8602 INDIAN RIDGE WAY			
Suite, Apt. #, Etc.			
City LAKE LAND, FL			
State FL			
Zip Code 33810			
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 Laura Schaffer			
Date 4-9-06			
REGISTERED AGENT MUST SIGN			
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
PRES.	PHILLIP SORRELL	3157 INDIAN RIDGE PL.	LAKE LAND, FL 33810
V PRES	PATRICIA COOK	8524 INDIAN RIDGE TR.	LAKE LAND, FL 33810
SECTRS	EVELYN SORRELL	3151 INDIAN RIDGE PL.	LAKE LAND, FL 33810
DIR	HARRY TOMER	3161 INDIAN RIDGE PLACE	LAKE LAND, FL 33810
DIR	LORI GRAYSON	3090 INDIAN RIDGE PL.	LAKE LAND, FL 33810
DIR	KEVIN ALIBON	3140 INDIAN RIDGE PL.	LAKE LAND, FL 33810
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: Patricia Cook			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date April 19, 2006			
Daytime Phone # 863-855-5582			