PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY -5 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41662

1. Corporation Name

Indian Oaks of Vero Homeowners Association, Inc.

2. Principal Office Address	**3.** Mailing Office Address
530 47th Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach FL	City & State:
Zip: 32968 Country: Indian River	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1992

5. FEI Number: 59-3480272 ☐ 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: Tom Alascio

100003287811--7
-06/14/00--01007--015
****26.65 ****26.65

Street Address (P.O. Box Number is Not Acceptable): 4625 5th Place

REINSTATEMENT 92-001

Suite, Apt. #, Etc.:

City: Vero Beach WD0000007919 State: FL Zip Code: 32968

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 _____ Date March 15, 2k

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	Tom Alascio	D	4625 5th Place	Vero Beach FL 32968
V. Pres	Gregg Watson	D	505 46th Court	Vero Beach FL 32968
Sec	Julie Weston	D	545 47th Avenue	Vero Beach FL 32968
Treas	Judy Ford	D	530 47th Avenue	Vero Beach FL 32968

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 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: Judy Ford Judy Ford 3/15/00 561-562-5812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #