

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 AUG 26 PM 3: 06

DOCUMENT # N94000005023

1. Corporation Name

The Indies House Condominium Association, Inc.

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

1275 OCEAN SHORE BLVD.

3. Mailing Office Address

1275 OCEAN SHORE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32176

Country

U.S.

Zip

32176

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 12, 1981

5. FEI Number

59-2264263

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

HARRIS, JAMES C

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

1275 OCEAN SHORE BLVD.

Suite, Apt. #, Etc.

City

ORMOND BEACH,

State

FL

Zip Code

32176

300289569869
08/26/16--01019--050 **297.50

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

REGISTERED AGENT MUST SIGN

Date 8/20/16

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
PD	HARRIS JAMES	1275 OCEAN SHORE BLVD.	ORMOND BEACH, FL 32176
VD	HUBER, RICHARD	8200 JULIE MARIE RD.	WEST CHESTER, OH 45069
TD	WILSON DAVID	617 VICTORIA HILLS DR.	DELAND, FL 32724

10. E-mail Address: WINSLOW@BELLSOUTH.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X

JAMES HARRIS

8-2016

TEL # 386-441-7047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #