

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94 000005611

1. Corporation Name

Indian Mound Estates Property Owner Assoc, Inc

900181474229
06/10/10--01026--008 **175.00
900181474229
05/28/10--01020--004 **183.75

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

19521 Artec St

3. Mailing Office Address

19521 Artec St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sugarloaf FL

City & State

Sugarloaf FL

Zip

33042

Country

USA

Zip

33042

Country

US

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/94

5. FEI Number

650680750

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

Carolyn Walker

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

19521 Artec St

Suite, Apt. #, Etc.

City

Sugarloaf Key

State

FL

Zip Code

33042

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Walker

Date

5/24/10

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	<u>Carolyn Walker</u>	<u>19521 Artec St</u>	<u>Sugarloaf FL 33042</u>
VP	<u>Nicholas Egan</u>	<u>19583 Seminole St</u>	<u>Sugarloaf FL 33042</u>
Sec/Treas	<u>Bethann Curry</u>	<u>19563 Seminole St</u>	<u>Sugarloaf FL, 33042</u>

REINSTATEMENT

08-10-10
6/11/10

10. E-mail Address:

CWALKER@KEYWESTCITY.COM

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/10 305
797-2671