

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000015417

1. Corporation Name

INDIGO ALLEY CORP.

Principal Place of Business

Mailing Address

290 OLD DIXIE HWY.
VERO BEACH FL 32962

290 OLD DIXIE HWY.
VERO BEACH FL 32962

FILED
'03 OCT 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
83

REINSTATEMENT



000024297360
10/31/03--01002--031 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0990502

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	IRBY, CAROL A	425 38TH ST SW 5755 GLEN EAGLE LN.	VERO BEACH FL 32968 LANE 32967
V	CHEYUNSKI, JOHN A	415 35TH CT. SW	VERO BEACH FL 32968
T	IRBY, KEVIN IRBY	425 38TH STREET SW 5755 GLEN EAGLE LN.	VERO BEACH FL 32968 32967
S	CHEYUNSKI, SUSAN B	415 35TH COURT SW	VERO BEACH FL 32968

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IRBY, CAROL A
425 38TH ST SW 5755 GLEN EAGLE LN.
VERO BEACH FL 32968 32967

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Carol A. Irby
REGISTERED AGENT MUST SIGN

Date 10-23-03

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 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:

Carol A. Irby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-03 772-569-8910