

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

14 APR -2 PM 4:38

DOCUMENT # P01000013117

1. Corporation Name

Summer Rain of Indian River County Inc,

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

1506 Addie St

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 782236

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian, FL

Zip

32958

Country

USA

Zip

32978

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
02/05/01

5. FET Number

651075552

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sheila Parris-Bland

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

1506 Addie St

Suite, Apt. #, Etc.

City

Sebastian

State

FL

Zip Code

32958

600258580066  
04/02/14--01027--011 \*\*1658.75

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 3/26/14

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	Larry C. Bland	1506 Addie St	Sebastian, FL 32958
V,ST	Sheila Parris-Bland	1506 Addie St	Sebastian, FL 32958

10. E-mail Address: summerainirc@gmail.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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2014

Daytime Phone #

PF 4/3/14