

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT -1 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000025814

1. Corporation Name

Indian Springs Development Corporation

100136533721
10/01/08--01046--008 **900.00

REINSTATEMENT

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

4280 SW 10th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33132

Country

Miami - Dade

3. Mailing Office Address

4280 SW 10th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33132

Country

Miami - Dade

4. Date Incorporated or Qualified
To Do Business in Florida

March 7, 2002

5. FEI Number

56-2384859

☐ 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

KIRK DE LEON, Esq.

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

66 W. Flagler Street,

Suite, Apt. #, Etc.

800

City

Miami

State

FL

Zip Code

33130

☐ The 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/26/08

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	Francia E. Rodriguez	4280 SW 10 th Street	Miami, FL 33132

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 contained in Chapter 119, 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:

Francia E. Rodriguez Francia E. Rodriguez.

Sept. 26, 08

786-2457004

Date

Daytime Phone #