

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200006438)

1. Corporation Name

Indian Pass Builders, Inc.

2. Principal Office Address

2481 Highway 71 North

Suite, Apt. #, etc.

City & State

Wewahitchka, Florida

Zip

32465

Country

USA

3. Mailing Office Address

P. O. Box 612

Suite, Apt. #, etc.

City & State

Wewahitchka, Florida

Zip

32465

Country

USA

REINSTATEMENT 03
100024075091
10/24/03--01017--021 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

June 11, 2002

5. FEI Number

820549918

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

Glenda Neel McLemore

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

2481 Highway 71 North

Suite, Apt. #, Etc.

City

Wewahitchka

State
FL

Zip Code
32465

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

Glenda Neel McLemore
REGISTERED AGENT MUST SIGN

Date 10-21-03

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	Glenda Neel McLemore	P.O. Box 612 / 2481 Hwy 71N	Wewahitchka, Florida 32465
VP	Will McLemore	P.O. Box 612 / 2481 Hwy 71N	Wewahitchka, Florida 32465

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 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:

Glenda Neel McLemore
Glenda Neel McLemore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

-850-639-4515

Daytime Phone #

CR2E081 (10/02)

Glenda Neel McLemore

P.O. Box 612
Wewahitchka, Florida 32465
Hm #850-639-4515
Cell #850-227-5675
Fax #850-639-3230

October 21, 2003

*Florida Department of State
Secretary of State
Division of Corporations*

Dear Sir or Madam,

Enclosed you will find a reinstatement application and renewal fee for Indian Pass Builders, Inc.

I apologize for the inactive status of this corporation, but I have not received any documentation or notice on renewal at any time since receiving the initial Articles of Incorporation and document #P02000064381. Due to this, I would like to request that the reinstatement fee in this case be waved.

I appreciate your time and consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Glenda Neel McLemore". The signature is fluid and matches the typed name below it.

Glenda Neel McLemore