

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 29 PH 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000099384**

1. Corporation Name

IND PROPERTIES, INC.

200024251952
10/29/03--01047--002 **158.75

REINSTATEMENT

03

2. Principal Office Address **5722 S. FLAMINGO RD.**
3. Mailing Office Address **C/O SHEARER 5722 S. FLAMINGO RD.**

Suite, Apt. #, etc.

#333

Suite, Apt. #, etc.

#333

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/02

5. FEI Number

42-1555203

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

SHEARER, MICHAEL

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

5722 S. FLAMINGO RD

Suite, Apt. #, Etc.

#333

City

FORT LAUDERDALE

State

FL

Zip Code

33330

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

Michael Shearer

Date **10/27/03**

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
PT-D	SHEARER, MICHAEL	5722 S. FLAMINGO RD #333	FORT LAUDERDALE, FL 33330

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:

Michael Shearer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03

Date

**(954)
382-0945**

Daytime Phone #

CR2E081 (10/02)

211/3

IND PROPERTIES, INC.
c/o Michael Shearer
5722 S. Flamingo Rd. #333, Fort Lauderdale, FL 33330
(954) 382-0945, (954) 382-0946 fax
e-mail: flalandlord@aol.com

10/27/03

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement of IND PROPERTIES, INC.

To Whom It May Concern:

Enclosed please find the filled-out application for Corporate Reinstatement for my company, IND Properties, Inc.

I did not receive the 2003 Uniform Business Report for this company, and therefore did not realize that it was due for renewal. I handle several other corporations, all of which were renewed in a timely manner since I received all of the UBR's for them.

I telephoned your office today, and the gentleman on the phone advised me to write a letter explaining that I had not received the forms, and to mail the letter along with the Reinstatement form, plus a check for \$150.00. I hope that all of these items are in order and you will be able to reinstate this corporation.

I have also included in the check an additional \$8.75 to receive a Certificate of Status. If possible, I would like the Certificate mailed to my home address, as follows:

IND Properties, Inc
c/o Michael Shearer
2840 SW 116th Avenue
Davie, FL 33330

Thank you for your attention to these matters. If you have any questions, please call me at (954) 382-0945.

Sincerely,


Michael Shearer