

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

00 FEB 14 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **193000088839**

1. Corporation Name

THE INDIAN RIVER GIFT FRUIT COMPANY

2. Principal Office Address

1885 N. U.S. 1

Suite, Apt. #, etc.

3. Mailing Office Address

1885 N. U.S. 1

Suite, Apt. #, etc.

City & State

Titusville FL 32796

City & State

Titusville FL 32796

Zip

32796

Country

USA

Zip

32796

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/72

5. FEI Number  
59-1384474

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

THE BROOME LAW FIRM, P.A.

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

915 S. Washington Avenue

Suite, Apt. #, Etc.

City

Titusville

State  
**FL**

Zip Code  
32780

**REINSTATEMENT**

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

*C. E. B.*

REGISTERED AGENT MUST SIGN

Date **January 27, 2000**

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
P	Barry W. Gainer	1885 N. U.S. 1	Titusville FL 32780

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:

*Barry W. Gainer*

BARRY W. GAINER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

407-268-1479

Daytime Phone #