

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



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DOCUMENT # P94000026586

1. Corporation Name  
**Indian River Investment Corporation of the Treasure Coast, Inc.**

W99-12615

Principal Place of Business Mailing Address

**REINSTATEMENT** 90-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>1807 San Marcos Ave.</b> Suite, Apt. #, etc		3. New Mailing Office Address, If Applicable <b>P.O. Box 922</b> Suite, Apt. #, etc		4. Date Incorporated or Qualified To Do Business in Florida <b>April 4, 1994</b>	
City & State <b>Ft. Pierce, FL 34946</b>		City & State <b>Ft. Pierce, FL 34954</b>		5. FEI Number <b>59-1157108</b>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Chrm.	Patrick Duval	1807 San Marcos Ave.	Ft. Pierce, FL 34946
Pres.	Wesley Martin	1905 Juanita Ave.	Ft. Pierce, FL 34946
Treas.	Willie Earl Keith	3803 Avenue I	Ft. Pierce, FL 34947
Fin.S.	Willy Williams	1710 Avenue E	Ft. Pierce, FL 34950
Sec.	Sara Fletcher	503 S. 32nd St.	Ft. Pierce, FL 34947
	Carrie Ellis	518 Means Court	Ft. Pierce, FL 34950

8. Name and Address of Current Registered Agent <b>PATRICK DUVAL</b> <b>1807 SAN MARCOS AVE</b> <b>FT PIERCE, FL 34946</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Patrick Duval REGISTERED AGENT MUST SIGN Date: 5-14-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Patrick Duval SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5-14-99 Daytime Phone: 904-461-8491