

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 13 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077256**
1. Corporation Name **INDIAN STORES, INCORPORATED**
Development

2. Principal Office Address
503 WEST HURCH ST
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 2308
Suite, Apt. #, etc.

City & State
Orlando, FLA.
Zip
32801
Country
USA

City & State
Orlando, Florida
Zip
32802
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **10/20/94**
5. FEI Number
593297379
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
Mark L. KINCHLA
Street Address (P.O. Box Number is Not Acceptable)
1131 DeKaney Avenue
Suite, Apt. #, Etc.
City
ORLANDO, FLORIDA
State
FL
Zip Code
32806
000003515278--1
-12/28/00--01019--007
****750.00 ****750.00

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]**
Date **12/11/00**
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
DIRECTOR			
PRESIDENT	MARK L. KINCHLA	1131 DeKaney Avenue	ORLANDO, FLORIDA
VICE PRESIDENT			
TREASURER	Anthony Sarge	10190 TELESIS COURT	SAN DIEGO, CAL
SECRETARY			92121
DIRECTOR			

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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: **[Signature]** **MARK L. KINCHLA**
PRESIDENT
Date **10/11/00** Daytime Phone # **407 4689165**