

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097021

1. Corporation Name

INDIAN RIVER MANAGEMENT, INC.

2. Principal Office Address

2005 SE SAINT LUCIE

Suite, Apt. #, etc.

BLVD

City & State

STUART FL

Zip

34996

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 96-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/1995

5. FEI Number

59-3346119

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

JAMES M. THOMPSON

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

2005 SE SAINT LUCIE BL

Suite, Apt. #, Etc.

City

STUART

100006097831

-06/28/02--01021--009

***1658.75 ***1658.75

State

FL

Zip Code

34996

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

JAMES M. THOMPSON
REGISTERED AGENT MUST SIGN

Date 05/01/02

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.	JAMES M. THOMPSON	2005 SE SAINT LUCIE BL STUART FL 34996	
V.P.	BEN V.R. CONLON	1040 BRAWLEY SCHOOL RD	MOOREVILLE NC 28117
Secy/Treas	J. KENT	2005 SE SAINT LUCIE BL	STUART FL 34996

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:

JAMES M. THOMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. THOMPSON 05/01/02
Date

772-283-3749
Daytime Phone #

CR2E081 (9/01)