

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION •
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 30 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 960000 22788

1. Corporation Name

INDIAN RIVER REFERRAL COMPANY

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

506 YUPON AVENUE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

3. Mailing Office Address

506 YUPON AVENUE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

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

3/11/1996

5. FEI Number

59-3371863

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

DONNA M. CONCANNON

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

506 YUPON AVENUE

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169

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

REGISTERED AGENT MUST SIGN

Date

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
D	CONCANNON, DONNA	506 YUPON AVENUE	NEW SMYRNA BEACH, FL 32169

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 contained in Chapter 119, 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:

Donna M. Concannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna M Concannon 8/29/06 386-427-0439

Date

Daytime Phone #