

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

INDIAN SUMMER DEVELOPERS, INC.

P98000085760

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~780 North Walton Lakeshore Dr.~~
~~Panama City, FL 32413~~

~~P. O. Box 4834~~
~~Seaside, FL 32459~~

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

2. New Principal Office Address, If Applicable #104

6283 COMMON OAKS CT.

Suite, Apt. #, etc

MEMPHIS, TN

City & State

39120

Zip

Country

3. New Mailing Office Address, If Applicable

6283 COMMON OAKS CT. #104

Suite, Apt. #, etc

MEMPHIS, TN

City & State

39120

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

October 17, 1996

5. FEI Number

59-3434467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Dir/ Pres	Richard Parvey	6283 COMMON OAKS CT. #104 4267 GRANDVIEW AVENUE	MEMPHIS, TN 38120 38117
Dir/ Sec	Pat Martin		

200002811162 1
-03/18/99-01035-017
****300.00 ****300.00

8. Name and Address of Current Registered Agent

Thomas S. Gibson
206 E. 4th Street
Port St. Joe, FL 32456

9. Name and Address of New Registered Agent

Name THOMAS S. GIBSON
Street Address (P.O. Box Number is Not Acceptable)
206 E. 4TH STREET
Suite, Apt. #, Etc.

City PORT ST. JOE

State FL Zip Code 32456

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

REGISTERED AGENT MUST SIGN

Date

3.9.99

11. This corporation owes or has paid 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. PARVEY, PRES.

Date

2-9-99

Daytime Phone #

901-766-4296