

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085974

1. Corporation Name

INDIAN BLUFF REALTY CO., INC.

REINSTATEMENT

02-03

400021234914
07/01/03--01015--007 **900.00

2. Principal Office Address

502 OCEANVIEW

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL 34683

Zip

34683

Country

USA

3. Mailing Office Address

502 OCEANVIEW

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL 34683

Zip

34683

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-17-1996

5. FEI Number

59-0834275

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

CULLEN, NORMAN

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

502 OCEANVIEW

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

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

Norman Cullen

REGISTERED AGENT MUST SIGN

Date 6-18-03

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.	TYNAN, THOMAS J.	15 HAMPTON CT.	CRETE, IL 60417

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.

THOMAS J. TYNAN

SIGNATURE: *Thomas J. Tynan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-10-03

Daytime Phone #

8773-523-4265

CR2E081 (10/02)

7/7/03