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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARI
Account Number : 076077001702
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: truilo@aol.com

CORPORATION REINSTATEMENT
INDUPROP, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	$750.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025745

1. Corporation Name
INDUPROP, INC.

REINSTATEMENT 2010

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
800 MAGNOLIA AVE.	P. O. BOX 250743
Suite, Apt. #, etc.: SUITE 1500	Suite, Apt. #, etc.:
City & State: ORLANDO, FL	City & State: DAYTONA BEACH, FL
Zip: 32803 Country:	Zip: 32125 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 03/21/1997

5. FEI Number: 59-3451838 ☐ 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: DEAN MEAD SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 800 N. MAGNOLIA AVE.

Suite, Apt. #, Etc.: SUITE 1500

City: ORLANDO State: FL Zip Code: 32803

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: _____ Date: 11/09/2010
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
DVP	DAVIDSON, MARC L.	P. O. BOX 250743	DAYTONA BEACH, FL 32125
DVPS	TRUILO, JULIA D.	P. O. BOX 250743	DAYTONA BEACH, FL 32125
COVT	KENDALL, DAVID R.	P. O. BOX 250743	DAYTONA BEACH, FL 32125
CEOP	TRUILO, ROBERT	P. O. BOX 250743	DAYTONA BEACH, FL 32125

10. E-mail Address: dkendall3@cfl.rr.com
(To be used for future annual report notification)

11. 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. I further certify that 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: _____ Robert Truilo 11-9-2010 386-547-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #