

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 26 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000033308**

1. Corporation Name

INDIAN RIVER GP, INC.

800007387428--3
-08/28/02--01029--008
*****900.00 *****900.00

REINSTATEMENT 01-02

2. Principal Office Address

211 E. COCOA BEACH CWSY

Suite, Apt. #, etc.

3. Mailing Office Address

211 E. COCOA BEACH CWSY

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL.

City & State

Cocoa Beach, FL.

Zip

32931

Country

USA

Zip

32931

Country

USA

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

APRIL 14, 1997

5. FEI Number

59-3437958

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

VERNON W. KENNEDY

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

211 E. COCOA BEACH CWSY

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

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

Vernon W. Kennedy
REGISTERED AGENT MUST SIGN

Date **8/22/02**

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
C/S/T	MARY E. KENNEDY	211 E. COCOA BEACH CWSY	Cocoa Beach, FL 32931
P	VERNON W. KENNEDY	211 E. COCOA BEACH CWSY	Cocoa Beach, FL 32931
V	JOHN E. KENNEDY	211 E. COCOA BEACH CWSY	Cocoa Beach, FL 32931

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02 321 799 3566

Date

Daytime Phone #

CR2E081 (9/00)