PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 23 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053901

1. Corporation Name: INDIAN RIVER MANAGEMENT SERVICES

REINSTATEMENT 03-04 WDP

2. Principal Office Address	3. Mailing Office Address
418 INDIES DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH, FL	City & State
Zip: 32963 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-3-1997

5. FEI Number: 650764797 ☐ 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: TODD W. FENNELL

Street Address (P.O. Box Number is Not Acceptable): 979 BEACHLAND BOULEVARD

Suite, Apt. #, Etc.:

City: VERO BEACH State: FL Zip Code: 32963

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: Todd W. Fennell Date: 11-19-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	JERRY M. LOVELL	418 Indies Dr.	Vero Beach, FL. 32963
D	MARTHA A. LOVELL	418 Indies Dr.	Vero Beach, FL. 32963
		200042354302 11/23/04--01022--006 **300.00	

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: Jerry M Lovell JERRY M LOVELL 11-19-04 772-581-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2852

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32399

11-18-2004

Indian River Management Services
418 Indies Dr.
Vero Beach, Fl. 32963

To Whom It May Concern:

We moved our place of business in 2003 and did not receive the invoice for our annual dues. Please change our address to the address above. I am sending $300 per your instructions to have our corporation reinstated.

Sincerely,

Jerry Lovell