

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**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

2. Principal Office Address

418 INDIES DR.

Suite, Apt. #, etc.

3. Mailing Office Address

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

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Todd W. FENNEL

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

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

| Titles       | Name of<br>Officers and/or Directors | Street Address of Each<br>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          |
|              |                                      |                                                   |                               |
|              |                                      |                                                   |                               |
|              |                                      |                                                   |                               |
| 200042954302 |                                      |                                                   | 11/23/04--01022--008 **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

11-19-04 772-581-9710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2022

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

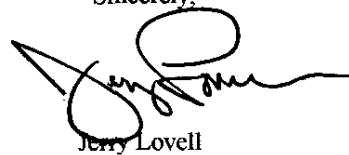
11-18-2004

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,

A handwritten signature in black ink, appearing to read "Jerry Lovell", with a large, stylized initial "J" and a long horizontal flourish extending to the right.

Jerry Lovell