

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

01 APR 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P98000095862

**1. Corporation Name**

P & S PROPERTIES OF INDIAN RIVER, INC.

**2. Principal Office Address**

1401 Hwy. A1A, 3rd Floor

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

US

**3. Mailing Office Address**

1401 Hwy. A1A, 3rd Floor

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

US

**REINSTATEMENT**

99-01

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

11/09/98

**5. FEI Number**

65-0963308

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

William W. Caldwell

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

756 Beachland Boulevard

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

200004013892--5  
-04/17/01--01093--015  
\*\*\*1050.00 \*\*\*1050.00

**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

*William W. Caldwell*

REGISTERED AGENT MUST SIGN

Date

4/9/01

**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
P/D	Donald C. Proctor	1401 Hwy. A1A, 3rd Floor	Vero Beach, FL 32963
VP/S/D	John F. Swanson	5070 N. A1A, Suite 205	Vero Beach, FL 32963

LS

**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:**

*Donald C. Proctor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-234-8164

Date

Daytime Phone #

CR2E081 (9/00)