

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103824

1. Corporation Name

INDIAN RIVER CONNECTIONS, INC.

Principal Place of Business

3540 CHANCELLORSVILLE AVE
MELBOURNE FL 32934

Mailing Address

PO BOX 410940
MELBOURNE FL 32941



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1998

5. FEI Number

59-3548684

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NELSON, ZACHARY L	3540 CHANCELLORSVILLE AVE	MELBOURNE FL 32934

100003471301--5
-11/20/00--01151--011
*****750.00 *****750.00

LS

8. Name and Address of Current Registered Agent

NELSON, ZACHARY L
3540 CHANCELLORSVILLE AVE
MELBOURNE FL 32934

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Zachary Nelson
REGISTERED AGENT MUST SIGN

Date 10-20-00

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 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:

Zachary Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00 321-242-8939

Date

Daytime Phone #

CR2E040 (8/00)