

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

NOV -4 PM 5:52

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.

2. New Principal Office Address, If Applicable

240 N. Babcock St.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Zip

32935

Country

USA

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

200008791792

11/04/02--01107--011 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-28-02

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:

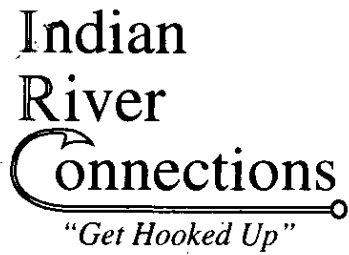
Signature **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 321-242-8939

CR2040 (8/02)



Voice, Data, Video, Fiber
and Structured Cabling

October 28, 2002

To Whom It May Concern:

This is to inform you that Indian River Connections, Inc. did not receive the two prior 2002 uniform business report notices. Enclosed is the application for reinstatement and the appropriate application fee.

Thank you,

A handwritten signature in dark ink, appearing to read 'Zachary L. Nelson', is written over the printed name.

Zachary L. Nelson
Director