PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~ Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000103824

1. Corporation Name

Principal Place of Business

INDIAN RIVER CONNECTIONS, INC.

Mailing Address

REINSTATEME

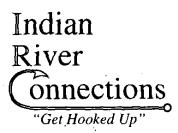
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SUITE 2B		MELBOURNE FL 32941									
MELBOURN	E FL 32935							masai	7437N	7	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								700024743707 11/17/0301018015 **158.75			
		Address, If Applicable	3. New Mailing Office Address, if Applicable			Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			12/11/1998					
City & State			City & State			5. FEI Number. Applied For					
·							6. S8.75 Additional Fee required				
32934 Country 15A		Zip Cou		Country		CERTIFICATE OF STATUS DESIRED V for a Certi		ertificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	2	Name of Officers and/or Directors		Street Address of Eac Officer and/or Director			City / State / Zip				
D	NELSON, ZACHARY L		3540 CHANCELLORSVILLE AVE				MELBOURNE FL 32934				
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
NELSON, ZACHARY L						· · · · · · · · · · · · · · · · · · ·					
3540 CHANCELLORSVILLE AVE					Street Address (P.O. Box Number is Not Acceptable)						
MELBOURNE FL 32934			Suite, Apt. #, Etc.								
						City State Zip			Code		
10. I, being	g appointed th	e registered agent of the above	re named corpo	oration, am fa	amiliar wit	h and accept the ol	oligations of Sect	ion 607.0505, F.S	S. or 617.0505, F.S		
Ciomat		2011011		• +=× - :	, · · · .	. , ,				}	
Signature of Registered	Agent	Jainey J. RE	GISTERED AG	ENT MUST	SIGN	<u> </u>		Date <u>//</u>	-5-03		

11.1 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 filling 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.



Florida Dept. of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concearn,
Please accept my application to reinstate Indian
River Connections, Inc as a corporation to do
business in Florida.

In addition, please accept the original renewal fee of \$150.00.I realize this is an annual occurrence. However, this disolution is the first request I personally have seen for the calendar year of 2003.

I have had this problem at least one other time in the past four years. From this point on, I will mark down the dates in which future reports are due on my office calendars in order to remind myself to file this report on a much more timely basis.

I would greatly appreciate your consideration in this matter.

Sincerely,

Zachary L. Nelson

CEO/Registered Agent

Indian River Connections, Inc.