

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 30 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99 000081906

1. Corporation Name

Indian Pond Corporation

2. Principal Office Address

703 S. Newport Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

3. Mailing Office Address

1022 Coralina Ln

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

9/16/1999

5. FEI Number

59-3599000

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

ADAM OUELLETTE ESQ

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

5655 S. UNIVERSITY DR

Suite, Apt. #, Etc.

City

DAVIE, FL 8

State

FL

Zip Code

33328

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

REGISTERED AGENT MUST SIGN

Date

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
PSTO	BALASIO, Felix	1022 Coralina Ln	Delray Beach FL 33483
P	GREGORY BALASIO	7035 Newport Ave	Tampa, FL 33606
SVP	Pamela J. Kent	1022 Coralina Ln	Delray Beach FL 33483

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:

Felix Balasio

FELIX BALASIO

10/16/03

561-3302640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/11/4