


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 05 APR 13 AM 8:57 TALLAHASSEE, FLORIDA 000051195730 04/19/05--01021--020 **508.75	
<b>DOCUMENT #</b> S34453					
<b>1. Corporation Name</b> Bell Property Management of Indian River, Inc.					
<b>2. Principal Office Address</b> 1521 Smugglers Cove Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 4198 Suite, Apt. #, etc.		<b>REINSTATEMENT</b> 04-05	
<b>City &amp; State</b> Vero Beach, FL <b>Zip</b> 32963 <b>Country</b> US		<b>City &amp; State</b> Vero Beach, FL <b>Zip</b> 32964 <b>Country</b> US			
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/25/91				<b>5. FEI Number</b> 65-0246180	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> Michael J. Garavaglia					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 756 Beachland Blvd.					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> Vero Beach				<b>State</b> FL <b>Zip Code</b> 32963	
<b>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.</b>					
<b>Signature of Registered Agent</b> [Signature]				<b>Date</b> 4/5/05	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
C	Henry Kirkendall	1340 Indian Mound Trail Vero Beach, FL 32963			
P	Willard Packard	1521 Smugglers Cove		Vero Beach, FL 32963	
ST	Darryl Millman	1521 Smugglers Cove		Vero Beach, FL 32963	
<b>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.</b>					
<b>SIGNATURE:</b> [Signature] Pres				<b>Date</b> 12-22-04	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				<b>Daytime Phone #</b> 772-234-6038	

CFR2081 (01/04)