

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22192
1. Corporation Name INDIAN RIVER MILLWORKS, INC.

Principal Place of Business 1673 SE Niemeyer Circle
Port St. Lucie, FL 34952
Mailing Address 5703 S. Indian River Dr.
Ft. Pierce, FL 34982

REINSTATEMENT 99-2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below
2. New Principal Office Address. If Applicable
3. New Mailing Office Address. If Applicable
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/19/92
5. FEI Number 65-0310929
6. CERTIFICATE OF STATUS DESIRED
SP

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for LEACH, RICHARD R.

8. Name and Address of Current Registered Agent
LEACH, RICHARD ROSS
1644 SE Village Green Drive
Port St. Lucie, FL 34952

9. Name and Address of New Registered Agent
Name LEACH, RICHARD R.
Street Address (P.O. Box Number is Not Acceptable) 5703 S. Indian River Drive
City Ft. Pierce State FL Zip Code 34982

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: [Signature] Date: 12/21/99

1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [ ]

2. 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] 12/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #