


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

 <b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>615251</u>			
1. Corporation Name <u>Riverview Fish Camp, Inc.</u>			
2. Principal Office Address <u>Highlands Co Hwy 98 Cornwell, FL</u>		3. Mailing Office Address <u>43 NW 27th Avenue</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>Miami, FL</u>	
Zip	Country	Zip	Country
		<u>33125</u>	<u>Dade</u>

**REINSTATEMENT** 87-01

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	<u>Rose Horner</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>840 S. Swinton Avenue</u>
Suite, Apt. #, Etc.	
City	<u>Delray Beach</u>
State	<u>FL</u>
Zip Code	<u>33444</u>

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\*\*\*2415.00 \*\*\*2415.00

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 Rose Horner Date 9-18-01

REGISTERED AGENT MUST SIGN

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
<u>Vice</u>	<u>Franklin M. Horner</u>	<u>43 N.W. 27th Avenue</u>	<u>Miami, FL 33125</u>
<u>P</u>	<u>Rose Horner</u>	<u>"</u>	<u>"</u>
<u>Sec</u>	<u>Adirai Horner</u>	<u>"</u>	<u>" LS</u>

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: Franklin M. Horner Date 9-18-01 (360) 395-2432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)