

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 PM 12:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 615251

1. Corporation Name
*Riverview Fish Camp Inc.
Principal Hwy. 9A
Cornwell, FL.*

2. Principal Office Address
701 Deer Trl. EAST

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300029302383
09/24/03--01018--024 **1511.25

4. Date Incorporated or Qualified
To Do Business in Florida
1979

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANKLIN M Horner

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

101 Deer Trl. East

Suite, Apt. #, Etc.

Sebring, FL.

City

Sebring, FL.

(Highlands County)

State

FL

Zip Code

33876

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

REGISTERED AGENT MUST SIGN

Date *9-19-2003*

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
<i>P</i>	<i>Rose Horner</i>	<i>101 Deer Trl. E. Sebring, FL 33876</i>	<i>101 Deer Trail East, Sebring, FL 33876</i>
<i>V</i>	<i>FRANKLIN M Horner</i>	<i>''</i>	
<i>S</i>	<i>''</i>	<i>''</i>	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-03

Date

NOT LISTED

Daytime Phone #

CR2E081 (10/02)