PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO					Smith ry of Sta		Έ				EC			
DOCUMENT # 726805 1. corporation Name Riverview Congregation of Jehovah's Withesses, Inc.										TALLA	AHASE NOID	841	JATE ORIDA 936	56-	-7
14608 Hwy 3015 28. Suite, Apt. #, etc. Suite,					ng Office Address -1 Gulf City Rd on. #, etc.				*****306.25 *****306.25						
Wimavma FL				City & State	Lot #91 City & State FL				4. Date Incor To Do But 5. FEI Numb 54 -	siness in F	torida		}	73 Applied Fo	
3359	18	US.		335	70	Country	ISA		6. CERTIFICAT	E OF STAT	US DESIRE	D 🖳 \$8.7	5 Addition or a Certific	al Fee rec	யired us ≥
,	Street Addre	stere	REINSTATEMENT 01-0												
Signature of	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 State FL 33598 Date 10-13.02														
9. Names	and Street Add	resses (of Each Officer and	l/or Director (Fi	orida nonpro				st 3 directors)						
Titles	John t	Name of and/or Directors	Street Address of Each Officer and/or Director 1811 GUIF CITY Rd LOT# 91												
D	Billic E. Campbell Jr				15708 Carlton Lake				and the second s						
T	John Wettach				1201 Simmons Way				Jay	Sun City FL 33573					
D	Uldrick R. Sergent Jr				10409 Ventura A				Ave Tampa FL 33619						_
·			,												_
owed by	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 filling 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: BULL And TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #														