

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030667

Name and Mailing Address

0015369 01 MB 0.309 \*\*AUTO T7 0 0615 07726-955482

RIVERGATE NOTE, LLC  
682 ST. ANDREWS PLACE  
MANALAPAN NJ 07726-9554



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/15/2002	
Principal Place of Business 682 ST. ANDREWS PLACE MANALAPAN NJ 07726	3. New Principal Place of Business Address	6. FEI Number 01-0725014	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent CAROTHERS, C. GRAHAM JR. 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA FL 33602		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

CR2E084 (7/03)

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*Charles Aque* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	AQUE, CHARLES	682 ST. ANDREWS PLACE	MANALAPAN NJ 07726

900024345219  
11/03/03--01003--011 \*\*150.00

**REINSTATEMENT** 03  
dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

*Charles Aque* **SIGNATURE REQUIRED**

Date 10/20/03

Daytime Phone # (732) 829-4374

Typed or printed name of signing Managing Member/Manager CHARLES AQUE