

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N01217**

1. Corporation Name

RIVER CLUB TOWNHOUSES CONDOMINIUM  
ASSOCIATION INC.

**REINSTATEMENT**

01-02

2. Principal Office Address

1901 NW South River Dr

Suite, Apt. #, etc.

#41 & 42

City & State

Miami, FL 33125

Zip

33125

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1984

5. FEI Number

650150614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Marlen Garcia, P.A.

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

2150 NW 9 Street (Office)

Suite, Apt. #, Etc.

Office

City

Miami,

State  
FL

Zip Code  
33125

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of  
Registered Agent

*John Garcia*

REGISTERED AGENT MUST SIGN

Date 04-15-02

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
PD	Jorge M. Garcia Jr.	1901 NW South River Dr# 41	Miami, FL 33125
VD	Iris Verdial	1901 NW South River Dr# 29	Miami, FL 33125
TD	Daisy Alberto	1901 NW South River Dr# 5	Miami, FL 33125

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:

*Jorge M. Garcia Jr.*

Jorge M. Garcia Jr.

04/15/02 (305) 541-7546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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