

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N09660**

1. Corporation Name

**RIVER OAKS CIVIC ASSOCIATION, INC.**

Principal Place of Business

~~8335 W. 23 ST. R~~ **CHURCH OF NAZARENE**  
~~PO BOX 109 E~~ **2300 SW 15 AVE.**  
FT. LAUDERDALE FL 33315  
US

Mailing Address

P O BOX 22045  
FORT LAUDERDALE FL ~~33305~~  
US **33335**



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2300 SW 15 AVE**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

**06/10/1985**

5. FEI Number

**59-2632121**

Applied For

Not Applicable

City & State

**FORT LAUDERDALE, FL**

City & State

Zip

**33315**

Country

**USA**

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MANNING, KELLY	2213 SW 19 AVE	FORT LAUDERDALE FL 33315
VD	BYNK, DENNIS BYK,	934 SW 18 CT	FT. LAUDERDALE FL 33315
SD	RUPRECHT, STEVE	1835 S.W. 12TH AVE	FT. LAUDERDALE FL 33315
<del>TD</del>	<del>STACY, RUTH E</del>	<del>1833 SW 23 ST E</del>	<del>FT LAUDEERDALE FL 33315 E</del>
			700009415297 12/09/02--01037--013 **236.25

8. Name and Address of Current Registered Agent

MANNING, KELLY J  
2213 SW 19TH AVE  
FORT LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Kelly J Manning*  
**REGISTERED AGENT MUST SIGN**

Date

**11/29/02**

11. 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:

*Stephen Rupperecht*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**11/30/02**