## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DQCUMENT #

N09660

1. Corporation Name

RIVER OAKS CIVIC ASSOCIATION, INC.

Principal Place of Business CHURCH OF NAZARENE S135 W. 23 ST. 2300 SW IS AVE.

FT. LAUDERDALE FL 33315

City & State

Title(s)

PD

SD

TD-

33315

PO-BOX 109 C

Mailing Address

P O BOX 22045

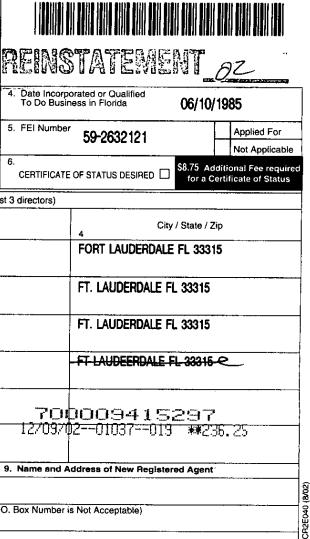
FORT LAUDERDALE FL 22005

US

33335

02 DEC -9 PM 2: 40

SECRETARY OF STATE



If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

2300 SW 15 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE,

Zip

Country

Street Address of Each

Officer and/or Director

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

2213 SW 19 AVE

BYNK, DENNIS **VD** 934 SW 18 CT BYK,

Name of Officers

and/or Directors

RUPRECHT, STEVE

MANNING, KELLY

STACY: RUTH - C\_

1833 SW 23 ST

1835 S.W. 12TH AVE

- 8.- Name and Address of Current Registered Agent

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

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

Suite, Apt. #, Etc.

City

State Zip Code

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

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