

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 NOV -5 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28123

1. Corporation Name

RIVER BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

5145 WATER LILY WAY
FT. PIERCE FL 34981
US

5145 WATER LILY WAY
FT. PIERCE FL 34981
US



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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/30/1988

5145 TURTLE CK PL
Suite, Apt. #, etc.

5145 TURTLE CK PL
Suite, Apt. #, etc.

5. FEI Number

65-0160871

Applied For

~~FT. PIERCE FL~~

Ft. Pierce

Ft. Pierce

Not Applicable

34981 St. Lucie

St. Lucie

34981 St. Lucie

St. Lucie

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
D	HOLLETT, GARY	5145 WATER LILY WAY	FT. PIERCE FL
D	BROWN, MICHAEL	2101 RIVER BRANCH DR	FT. PIERCE FL
D	KELLOGG, LOIS P.	5148 WATERSIDE WAY	FT. PIERCE FL
D	DAYTON, PAUL	5145 TURTLE CREEK PL	FT PIERCE FL
D	WHIGHAM, GARY	2303 RIVER BRANCH DRIVE	FT. PIERCE FL

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11/05/02--01053--017 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLLETT, GARY
5145 WATER LILY WAY
FT. PIERCE FL 34981

Name DAYTON, Paul
Street Address (P.O. Box Number is Not Acceptable)
5145 TURTLE CK PL
Suite, Apt. #, Etc.

City Ft. Pierce

State FL

Zip Code 34981

CR2ED40 (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

Paul Dayton REGISTERED AGENT MUST SIGN

Date

10/30/02

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:

Paul Dayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 772 489 0577