PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N28123

1. Corporation Name

RIVER BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

5145 WATER LILY WAY

5145 WATER LILY WAY FT. PIERCE FL 34981

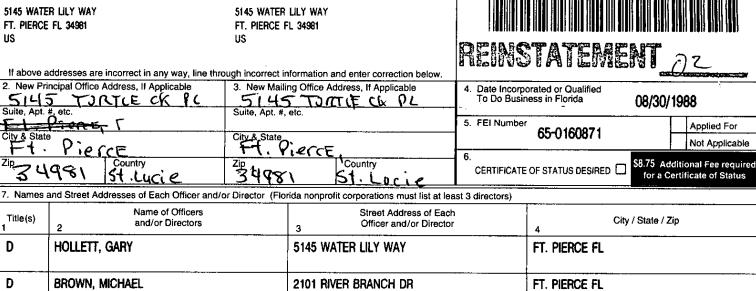
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FT. PIERCE FL

FT PIERCE FL



WHIGHAM, GARY 2303 RIVER BRANCH DRIVE FT. PIERCE FL 8000008806 11/05/02--01053---017 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable HOLLETT, GARY 5145 WATER LILY WAY 5145 Suite, Apt. #, Etc. TURTUE FT. PIERCE FL 34981 Zip Code 349% ViercE

5148 WATERSIDE WAY

5145 TURTLE CREEK PL

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

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KELLOGG, LOIS P.

DAYTON, PAUL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR