

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 FEB 15 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N35073**

1. Corporation Name  
**RIVER OAKS EAST HOMEOWNERS ASSOCIATION, INC.**

2. Principal Office Address 10446 N. Natchez Loop Suite, Apt. #, etc.		3. Mailing Office Address 10446 N. Natchez Loop Suite, Apt. #, etc.	
City & State Dunnellon Florida		City & State Dunnellon Florida	
Zip 34434-3740	Country USA	Zip 34434-3740	Country USA

**REINSTATEMENT** 93-10

4. Date Incorporated or Qualified To Do Business in Florida **12/15/1989**

5. FEI Number **59-3086423** 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 **John O'Brien** **500003145455-1**  
Street Address (P.O. Box Number is Not Acceptable) **10135 N. Natchez Loop** **-02/24/00-01004-028**  
Suite, Apt. #, Etc. **\*\*\*\*673.75 \*\*\*\*673.75**

City **Dunnellon** State **FL** Zip Code **34434-3750**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **John O'Brien** Date **11 FEB 00**  
REGISTERED AGENT MUST SIGN

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
P/D	Ramon Warner	2229 E. Shoshoni Ct.	Dunnellon FL 34434
V/D	Philip Sheets	10364 N. Natchez Loop	Dunnellon FL 34434
S/D	Eleanore Rowe	10446 N. Natchez Loop	Dunnellon FL 34434
T/D	John O'Brien	10135 N. Natchez Loop	Dunnellon FL 34434
D	Robert Meitus	1430 E. Monopoly Loop	Inverness FL 34453

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: **Ramon W. Warner** **KE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/11/00** Daytime Phone # **352-888-8242**

CR2E081 (8/99)