

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014641

1. Corporation Name

New River Capital, Inc.

500023913035
10/17/03--01081--020 **\$00.00

REINSTATEMENT 02-83

2. Principal Office Address

1845 Old Moultrie Road

3. Mailing Office Address

1845 Old Moultrie Road

Suite, Apt. #, etc.
#77

Suite, Apt. #, etc.
#77

City & State
St. Augustine, Florida

City & State
St. Augustine, Florida

Zip Country
32086 USA

Zip Country
32086 USA

4. Date Incorporated or Qualified To Do Business in Florida 02/08/2001

5. FEI Number 59-3711031 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 D. Bailey, Jr.

Street Address (P.O. Box Number is Not Acceptable)
780 N. Ponce de Leon Blvd.

Suite, Apt. #, Etc.

City
St. Augsutine

State Zip Code
FL 32084

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 D. Bailey Jr
REGISTERED AGENT MUST SIGN

Date 10/13/03

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
PSD	Natalie Beth Petersilie	4300 Oceanhomes Court	St. Augustine, FL 32080
VTD	Frank Petersilie	4300 Oceanhomes Court	St. Augustine, FL 32080

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:

Natalie Beth Petersilie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (904) 810-5757
Date Daytime Phone #

CR2E081 (10/02)

2/10/21