

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JAN 27 PM 2:50

SECRET  
TALLAHASSEE

**DOCUMENT # 136356**

1. Corporation Name

Riverline, Inc.

JAN 30 2012

**K. ASHTON**

**REINSTATEMENT 11-12**  
JCR2B081 (11/10/12)

2. Principal Office Address - No P.O. Box #

201 West River Road

Suite, Apt. #, etc.

3. Mailing Office Address

501 West Bay Street

Suite, Apt. #, etc.

City & State

Palatka, Florida

City & State

Jacksonville, Florida

Zip

32177

Country

USA

Zip

32202

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/17/38

5. FEI Number

590420334

☐ 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

Richard K. Jones

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

501 West Bay Street

Suite, Apt. #, Etc

City

Jacksonville

State

FL

Zip Code

32202

800219075168  
01/27/12--01036--011 \*\*150.00

800219075168  
01/20/12--01006--016 \*\*750.00

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

*Richard K. Jones*  
REGISTERED AGENT MUST SIGN

Date January 16, 2012

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	Richard K. Jones	501 W. Bay Street	Jacksonville, FL 32202
V	James F. Moseley, Sr.	501 W. Bay Street	Jacksonville, FL 32202

10. E-mail Address: rkjones@mppkj.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Richard K. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/12

Date

904-356-1306

Daytime Phone #