


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 SEP 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 615251			
1. Corporation Name Riverview Fish Camp, Inc.			
2. Principal Office Address 43 N.W. 27th Avenue (Highlands Co.) Cornwell, FL		3. Mailing Office Address 43 W.W. 27th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33125	Dade

REINSTATEMENT 87-01

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	Rose Horner
Street Address (P.O. Box Number is Not Acceptable)	840 S. Swinton Avenue
Suite, Apt. #, Etc.	
City	Delray Beach
State	FL
Zip Code	33444

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 Rose Horner Date 9-18-01

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
Vice	Franklin M. Horner	43 N.W. 27th Avenue	Miami, FL 33125
VP	Rose Horner	"	"
Sec	Adirai Horner	"	" LS

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: Franklin M. Horner Date 9-18-01 (360) 395-2432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)