

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 PM 12:12

CORPORATION
REINSTATEMENT



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

DOCUMENT # 713162

1. Corporation Name RIVER SHORES ASSOCIATION, INC.
3000 NE 16TH AVENUE, 4TH FLOOR
OAKLAND PARK, FL 33334

2. Principal Office Address 3000 NE 16TH AVE 4TH FLOOR OFFICE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State OAKLAND PARK

City & State FLORIDA

Zip 33334 Country BROWARD

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1196377

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 OTTO J. DANKER

Street Address (P.O. Box Number is Not Acceptable) 3000 NE 16 AVE

300003299543--0
-06/21/00--01091--021

Suite, Apt. #, Etc. D 209

*****70.00 *****70.00

City OAKLAND PARK

State FL Zip Code 33334

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 6-4-00

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
PRES	BUD DANKER	3000 NE 16TH AVE ^{D 209}	OAKLAND PK, FL 33334
V. PRES	MAXINE FURMAN	PO BOX 74 B 52 SCOTCHTOWN PL.	MIDDLETOWN, NY 10940
SEC	JANET BLEDSOE	3020 NE 16TH AVE	OAKLAND PK FL 33334
ASST SEC	DOROTHY PERRY	PO BOX 468 DENNIS, MA.	DENNIS MA 02638
TREAS.	JANYCE FORSTER	3000 NE 16TH AVE ^{D 112}	OAKLAND PK, FL 33334

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-1-00 (954) 565-5637
Daytime Phone #

CR2E081 (9/99)