

*2400.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 28 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F42634

1. Corporation Name

Reflections on the River, Inc.

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

1623 US Highway 1

Suite, Apt. #, etc.

Suite B-1

City & State

Sebastian, FL

Zip

32958

Country

USA

3. Mailing Office Address

1623 US Highway 1

Suite, Apt. #, etc.

Suite B-1

City & State

Sebastian, FL

Zip

32958

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1981

5. FEI Number

592224310

☐ 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

Thomas F. Scott

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

1623 US Highway 1

Suite, Apt. #, Etc.

Suite B-1

City

Sebastian

State

FL

Zip Code

32958

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 2-25-08

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 |
|--------|--------------------------------------|---|---------------------|
| PDST | Thomas F. Scott | 1623 US Highway 1, Suite B-1 | Sebastian, FL 32958 |
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REINSTATEMENT

1997-08

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 contained in Chapter 119, 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:

2-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #