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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN 12 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F59347**

1. Corporation Name

**River Birch Homes Inc.**

**REINSTATEMENT 04-05**

**MRD**

2. Principal Office Address

**2263 NW BOCA RATON  
BLVD.**

3. Mailing Office Address

**← SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**UNIT 102**

City & State

City & State

**← BOCA RATON, FL**

Zip

Country

Zip

Country

**33431**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1988**

5. FEI Number

**592252588**

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 Micallef**

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

**1099 Royal Palm Road**

Suite, Apt. #, Etc.

**Boca Raton**

City

State

**FL**

Zip Code

**33486**

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 **January 10, 05**

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
<b>PRES</b>	<b>John Micallef</b>	<b>1099 Royal Palm Rd Boca Raton, FL 33486</b>	<b>BOCA RATON FL 33486</b>

000044632120  
01/12/05--01046--014 \*\*300.00

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

**Jan. 10, 05 (521)**

Daytime Phone #

CR2E081 (01/04)

**River Birch Homes Inc.**  
Custom Homes and Remodeling

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2263 N.W. Boca Raton Blvd., Unit 102  
Boca Raton, FL 33431

Office: (561) 362-5447

Fax: (561) 362-5437

John Micallef Cell: (561) 239-2574

John Marta Cell: (561) 239-2322

2004AR

Please be advised, I did  
not receive any information  
regarding the company listed above.

Please waive late fees, as the  
information was sent to the  
incorrect address. Please  
change information <sup>and forward</sup> to the  
address listed above.

Thank you.

John Micallef  
President / owner