PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 25 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004939

1. Corporation Name
River Hills Manager Corp

2. Principal Office Address	3. Mailing Office Address
2101 6th AVENUE NORTH	SAME
Suite, Apt. #, etc.: 750	Suite, Apt. #, etc.
City & State: BIRMINGHAM, AL	City & State
Zip: 35203 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 9-24-99

5. FEI Number: 52-2192195 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Shelley Savage
Shelley Savage
Vice President
REGISTERED AGENT MUST SIGN

Date: 6/25/03

CR2E061 (10/02)

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
CEO	THOMAS H. LOWDER	2101 6th Avenue North Suite 750	BIRMINGHAM, AL 35203
CAO	JOHN P. RIORDAN	SAME	SAME
		[redacted]	00-03
			TS

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: _____ 6/20/03 205-250-8798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

RIVER HILLS MANAGER CORP.

Certificate of Status	0
Certified Copy	0
Page Count	~~03~~ 03
Estimated Charge	$1,200.00

Please back date to 6/25/03