

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G01230

1. Corporation Name

RIVIERA MARINA ENTERPRISES, INC.

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

3221 A Tamiami Trail

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33952

Country

U.S.A.

3. Mailing Office Address

3221 A Tamiami Trail

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33952

Country

U.S.A.

REINSTATEMENT 84-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1982

5. FEI Number

☒ 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

Barry Batchin

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

3221 A Tamiami Trail

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

200207271842
05/06/11--01002--019 **4800.00

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

Barry Batchin

REGISTERED AGENT MUST SIGN

Date 5/2/11

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
D	Barry Batchin	3221A Tamiami Trail	Port Charlotte, FL 33952

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Barry Batchin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/11

Daytime Phone #

5/9