

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 30 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H-51110

1. Corporation Name

RIVER BRITE SALES, INC.

2. Principal Office Address

150 N. Graves Road

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip 34945

Country USA

3. Mailing Office Address

PO Box 2667

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip 34954

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1985

5. FEI Number

592508900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

7. Name and Address of Current Registered Agent

Name

Darrell Fennell

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

979 Beachland Blvd.

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code
32963

70002193699
07/30/03--01024--006 ** 358.75

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

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
P	Lori S. Grubb	3715 Creekside Dr.	Sebring, FL 33875
VP/S/T	J. Brantley Schirard	1108 Trinidad Ave.	Fort Pierce, FL 34982

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

800-732-7483

Daytime Phone #

CR2E081 (10/02)

7/7/30