

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J92929

1. Corporation Name

THREE RIVERS PROPERTIES, INC.

Principal Place of Business

Mailing Address

700 MARINE STREET
CARRABELLE FL 32322
US

PO BO 1118
CARRABELLE FL 32322
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3072608

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	MILLENDER, JOHN CHAPMAN	HWY 67	CARRABELLE FL
P	MILLENDER, FARRIS VANCEW	HWY 67	CARRABELLE FL

400009670554
12/24/02--01047--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLENDER, FARRIS VANCE
HWY 67 BOX 1118
CARRABELLE FL 32322

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-14-02

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-02

Date

Daytime Phone #

CR2E040 (8/02)

December 14, 2002

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee FL 32399

Re: Three Rivers Property Inc.
Annual Report

Dear Sir/Madam

This letter is to ask for your consideration , we did not receive this report until the end of November 2002. We did not receive the annual report at the beginning of the year. We are submitting a check for \$150.00. Please reinstate this corporation and we will call by February 1, 2003 if we do not receive the form for 2003.

Thank You