

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

700 MARINE STREET  
CARRABELLE FL 32322  
US

Mailing Address

PO BOX 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1987

5. FEI Number

59-3072608

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

MILLENDER, FARRIS VANCE  
HWY 67 BOX 1118  
CARRABELLE FL 32322

9. Name and Address of New Registered Agent

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

Date

12-14-02

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