

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 19 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K10069**

1. Corporation Name

**RIVER ROCK SPECIALIST, INC.**

**W03-35607**

2. Principal Office Address

**1753 4 Mile cove**

Suite, Apt. #, etc.

**114**

City & State

**CAPE CORAL, FL**

Zip Country

**33990**

3. Mailing Office Address

**P.O. Box 151898**

Suite, Apt. #, etc.

City & State

**CAPE CORAL, FL**

Zip Country

**33915**

**REINSTATEMENT**

**02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/30/1987**

5. FEI Number

**65-0016188**

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

**Richard Moratto**

**500024949825**

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

**1753 4 Mile Cove**

Suite, Apt. #, Etc.

**114**

City

**Cape Coral, FL 33990**

State

**FL**

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **12-16-2003**

**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
<b>D</b>	<b>MORATTO, RICHARD</b>	<b>1753 4 Mile Cove #114</b>	<b>CAPE CORAL, FL 33990</b>

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

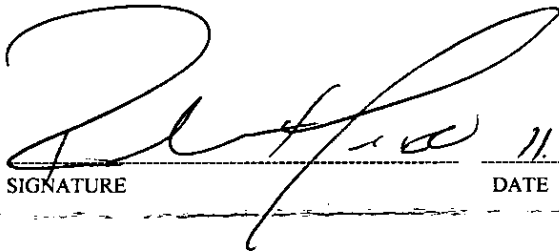
**11-11-2003 (239)772-1389**

Date

Daytime Phone #

DECLARATION OF ADDRESS

I, RICHARD W. MORATTO, DO HEREBY STATE THAT I HAVE NOT BEEN LIVING AT 230 SW 43<sup>RD</sup> STREET, CAPE CORAL, FL FOR MORE THAN TWO YEARS. MY PRESENT ADDRESS IS 1753 4 MILE COVE, CAPE CORAL, FL.



SIGNATURE

DATE

11.11.03

**ART ATWAY ACCOUNTING  
CERTIFIED PUBLIC ACCOUNTANT**

2230 CLEVELAND AVENUE  
FORT MYERS, FLORIDA 33901  
TELEPHONE: (239) 332-1040  
FAX: (239) 332-8944  
e-mail: [aatwaycpa@yahoo.com](mailto:aatwaycpa@yahoo.com)

AICPA MEMBER  
FICPA MEMBER

NOVEMBER 10, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: RIVER ROCK SPECIALIST, INC DOCUMENT #K10069

GENTLEMEN:

THE ABOVE REFERENCED CORPORATION HAS BEEN BANKING WITH THE SAME BANK FOR THE LAST 10 YEARS. THE CORPORATION WAS FORMED ON DECEMBER 30, 1987. MR. RICHARD MORATTO, WHO IS THE DIRECTOR OF THE CORPORATION WENT TO A LOCAL BANK TO ESTABLISH A NEW ACCOUNT AND DISCOVERED THAT THE CORPORATION WAS DISSOLVED.

WE CALLED THE REINSTATEMENT DIVISION THIS MORNING AND FOUND OUT THAT THE CORPORATION WAS DISSOLVED IN 2002. THE CORPORATION ADDRESS WAS CHANGED TO AS WELL AS THAT OF THE OFFICER/DIRECTOR. THE NEW ADDRESSES ARE ON THE REINSTATEMENT FORM.

PLEASE ACCEPT THIS REINSTATEMENT FOR ALONG WITH THE \$300 CHECK FOR THE TWO YEARS THAT WERE NOT PAID, AS THIS WILL NOT HAPPEN AGAIN.

SINCERELY,

  
ART ATWAY EA, CPA

ENCLOSURE