

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **K11721**

1. Corporation Name

J.C RIVER ROCK INC.

W99000014385

Principal Place of Business

Mailing Address

123 SE 12th AVE
CAPE CORAL FL 33990

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1/11/88

5. FEI Number

65-0016220

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	JOSEPH C MORATTO	125 SE 12th AVE	CAPE CORAL FL 33990
Treas	DAVID SIMONSON	3225 SE 15th PL #1	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent

JOSEPH C MORATTO
125 SE 12th AVE
CAPE CORAL FL 33990

9. Name and Address of New Registered Agent

Name **JOSEPH C MORATTO**
 Street Address (P.O. Box Number is Not Acceptable) **125 SE 12th AVE**
 Suite, Apt. #, Etc. **CAPE CORAL FL**
 City **CAPE CORAL FL**
 State **FL** Zip Code **33990**

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.

Signature of Registered Agent

Joseph C Moratto
 REGISTERED AGENT MUST SIGN

Date **7/30/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 the 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:

Joseph C Moratto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/99
 Date

941-574-3371
 Daytime Phone #

FILED

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FLORIDA DEPARTMENT OF STATE
 ALBANY, FLORIDA

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REINSTATEMENT

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