

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000022599

1. Corporation Name

DEAD RIVER, LLC

601 South 9th Street

Post Office Box 492460

2. Principal Office Address

601 South 9th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 492460

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34748

Country

USA

Zip

34749-2460

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 2001**

5. FEI Number
26-0032104

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

Steven J. Richey, Esquire

200040965152

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

601 South Ninth Street

09/10/04--01049--003 **301.00

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

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

Steven J. Richey

REGISTERED AGENT MUST SIGN

Date 09/09/04

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
MGRM	Steven J. Richey	601 South Ninth Street	Leesburg, FL 34748
MGR	C. Victor Donahey, Jr.	3351 West Burleigh Boulevard	Tavares, FL 32778
ST	Edward R. Allen	3351 West Burleigh Boulevard	Tavares, FL 32778

REINSTATEMENT

2003-
2004

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:

Steven J. Richey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/04

Date

352-365-2262

Daytime Phone #

CR2E081 (01/04)