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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

L02000006363

STATE OF THE
UNITED STATES OF AMERICA
DEPARTMENT OF THE
ATTORNEY GENERAL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

03 NOV -3 AM 9:53

TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000006363

Name and Mailing Address

0004039 01 AT 0.292 **AUTO T8 0 0615 32901-471119

RIVERVIEW INVESTMENTS, LLC
1819 S. RIVERVIEW DR., STE. 101
MELBOURNE FL 32901-4711

BK

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/15/2002

CR2E034 (7/03)

Principal Place of Business
1819 S. RIVERVIEW DR., STE. 101
MELBOURNE FL 32901

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

74-3033788

Applied For

X Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

HAHLE, MICHAEL
1819 S. RIVERVIEW DR., STE. 101
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name
CORPORATION_SERVICE_COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREETCity
TALLAHASSEE FL Zip Code
32301

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered AgentDeborah D. Skipper EQUIDeborah D. Skipper
Asst. V. Pres.

Date 11/3/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael Hahle	1819 S. Riverview Dr., #101	Melbourne, FL 32901
			32082-455-1423 11/10/03-01014-023 **150.00

REINSTATEMENT

2003

Bh

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date

10/21/03

Daytime Phone # 321-733-1128

Typed or printed name of signing Managing Member/Manager

Michael J. Hahle