

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000009948

Name and Mailing Address

0004062 01 AT 0.292 **AUTO TB D 0615 32901-545837



FLORIDA RIVER LLC
837 E. NEW HAVEN AVE.
MELBOURNE FL 32901-5458



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/25/2002	
Principal Place of Business 837 E. NEW HAVEN AVE. MELBOURNE FL 32901	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent BERTEL, RICK 837 E. NEW HAVEN AVE. MELBOURNE FL 32901	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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	WAHLEN, CHARLES H	837 E. NEW HAVEN AVE.	MELBOURNE FL 32901
MGR/M	BERTEL, RICK	837 E. NEW HAVEN AVE.	MELBOURNE FL 32901
MGR	RADERMAN, HARVEY	837 E. NEW HAVEN AVE.	MELBOURNE FL 32901

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12/26/03--01039--011 **155.00

ALL

REINSTATEMENT

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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 12-22-03

Daytime Phone # 321-722-2838

Typed or printed name of signing Managing Member/Manager

Rick Bertel