

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 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000030667

Name and Mailing Address

0015369 01 MB 0.309 **AUTO T7 0 0615 07726-955482



RIVERGATE NOTE, LLC
682 ST. ANDREWS PLACE
MANALAPAN NJ 07726-9554



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/15/2002	
Principal Place of Business 682 ST. ANDREWS PLACE MANALAPAN NJ 07726	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0725014	Applied For 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 CAROTHERS, C. GRAHAM JR. 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA FL 33602		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> SIGNATURE REQUIRED Date 10/24/03 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
MGRM	AQUE, CHARLES	682 ST. ANDREWS PLACE	MANALAPAN NJ 07726

CR2E084 (7/03)

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]* **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # (732) 829-4374

Typed or printed name of signing Managing Member/Manager CHARLES AQUE

REINSTATEMENT

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dec

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