PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N0000002132

1. Corporation Name

RIVER QUEST OF FLORIDA, INC.

Principal Place of Business

Mailing Address



02 MAR 25 AM 9: 03

SECRETARY OF STATE FALLAHASSEE. FLORIDA

1		maming Addi	-033				
4401 PINE MEADOW CT. TAMPA FL 33624		4401 PINE MEADOW CT. TAMPA FL 33624			EINSTATEMEN 2001-2007		
				K	e Moi	WIEMEN	11/201-1000
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							Carried State of the State of t
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Numbe	T EIN	03/30/2000 Applied For
City & State		City & State			59-3638705 Not Applicable		
Zip	Country	Zip	Cou	ıntry	6. CERTIFICATE	E 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)							
Title(s)	Name of Officers S			Street Address of Each Officer and/or Director	ch Chu (Zi		
DIRETORY			-			4	
CHAMANDS Tephen L. EMNICK 4401				INE MEADO	w Ct	TAMPA 7	1.33624
OFFICE LARRY WILSON			Burton Rd.			Planta	1
OFFICEDAVIO Kitchnen			1547 ANDOVER DR				n 76 34698
office BRAD ShiveCY			705 EASTBAY DA 161			LAR60, 7	16.33770
					20	, 1000528	
						-04/16/02- ****236.2	01027028
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
HOLLAND, JUDY 4401 PINE MEADOW CT. TAMPA FL 33624				Name STEPHEN L. EMNICK Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
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							
11. 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. 5.5. I further codify that when filling							

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR