


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	--

DOCUMENT # **N00000008160**

1. Corporation Name

**RIVERCREEK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**18091 RIVERCHASE COURT  
ALVA FL 33920**

**18091 RIVERCHASE COURT  
ALVA FL 33920**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**4524 SE 16th, Place**

Suite, Apt. #, etc.

**Suite 3**

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**U.S.A.**

3. New Mailing Office Address, If Applicable

**4524 SE 16th Place**

Suite, Apt. #, etc.

**Suite 3**

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/06/2000**

5. FEI Number

**65-0468820**

Applied For

Not Applicable

6.

CERTIFICATE 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Dir.	Ronald A. York	18091 Riverchase Court 18091 Riverchase Court	Alva, FL 33920
Dir.	James L. Bevillard	5209 Savoy Court	Cape Coral, FL 33904
Dir.	Tracy Coghill, Esq.	1633 SE 47th Terrace	Cape Coral, FL 33904

8. Name and Address of Current Registered Agent

**YORK, RONALD A  
18091 RIVERCHASE COURT  
ALVA FL 33920**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

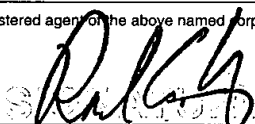
City

State  
**FL**

Zip Code

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

  
**Ronald A. York**  
REGISTERED AGENT MUST SIGN

**941/542-1010**

Date **10/24/01**

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, 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:

  
**Ronald A. York**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/24/01 941/542-1010**

CR2E040 (8/01)