

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 AM 9:16

DOCUMENT # 1677

1. Corporation Name Riverbend Townhomes Homeowners  
Association, Inc.

REINSTATEMENT 07-08  
34/24/08

200125353972

04/23/08--01026--016 \*\*122.50

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

116 Malibu Circle

Suite, Apt. #, etc.

3. Mailing Office Address

116 Malibu Circle

Suite, Apt. #, etc.

City & State

Daphne, Ala.

City & State

Daphne, Ala.

Zip

36526

Country

USA

Zip

36526

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Not Applicable

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dr. Greg Petrie

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

14180 River Road Unit # 2

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/19/08

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	John Walters	611 Turkey Creek Rd.	Mathews, Ala. 36052
D	Reggie Kelly	14180 River Road Unit 11	Pensacola, Florida 32507
PD	Dr. Greg Petrie	14180 River Road Unit 2	Pensacola, Florida 32507
STD	Charles Story	116 Malibu Circle	Daphne, Ala. 36526
VD	Mike Bolin	10019 Autumn Lane	Pensacola, Florida 32514

10. 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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/08

Daytime Phone #

251 454 6285

SECRETARY / TREASURER