

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2016 DEC -9 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **JD 2000006605**

1. Corporation Name

RIVERSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.

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

121 Magnolia Way

3. Mailing Office Address

P.O. Box 4401

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tequesta, Florida

City & State

Tequesta, Florida

Zip

33469

Country

USA

Zip

33469

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/2002

5. FEI Number

01-0778729

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

Jay Steven Levine, Esquire

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

2500 North Military Trail

Suite, Apt. #, Etc.

Suite 283

City

Boca Raton

State

FL

Zip Code

33431

300293128473
12/09/16--01024--007 **236.25

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

Jay Steven Levine

REGISTERED AGENT MUST SIGN

Date **11-11-16**

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
S / T	Nichols, Timothy	133 Magnolia Way	Tequesta, Florida 33469
VP	Haft, Scott	19456 Pinetree Drive	Tequesta, Florida 33469
P	O'Reilly, Sean	121 Magnolia Way	Tequesta, Florida 33469
REINSTATEMENT			
DEC 09 2016			
R. HUNT			

10. E-mail Address: **soreilly1978@me.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sean O'Reilly
Sean O'Reilly - President

Date

11/26/16

Daytime Phone #

(561) 262-9618