


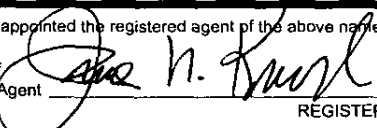
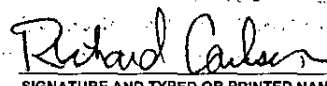
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02000008181			
1. Corporation Name The River Wilderness Club, Inc.			
2. Principal Office Address 1818 Australian Ave. S		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State	
Zip 33409	Country Palm Beach	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/24/02		5. FEI Number 54-2082273	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name James N. Krivok, Esq. c/o Dicker, Krivok & Stoloff, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave. S.			
Suite, Apt. #, Etc. Suite 400			
City West Palm Beach		State FL	Zip Code 33409
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 		Date 10/17/03	
REGISTERED AGENT MUST SIGN			
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
P/D	Richard Carlsen	2310 Little Country Rd	Parrish, FL 34219
VP/D	John Mayer	2705 Little Country Rd.	Parrish, FL 34219
T/D	Jim Gentile	2903 Old Orchard Ln.	Parrish, FL 34219
S/D	Chuck Smith	2382 Little Country Road	Parrish, FL 34219
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 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: 		Date 10/4/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD CARLSEN		Daytime Phone # 941-776-1299	

CR2E081 (10/02)

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