PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG -9 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03592**

1. Corporation Name

RIVER ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 560913 ROCKLEDGE FL 32956-7913	P.O. BOX 560913 ROCKLEDGE FL 32956-7913

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/12/1984

5. FEI Number: 59-2873775 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WAYNE, ENGLAND	185 RIVER ROAD CIR	ROCKLEDGE FL
VD	BAYLISS, JON	105 RIVER ROAD CIRCLE	ROCKLEDGE FL 32955
STD	MOSHER, CAROL	686 ROSSMOOR CIRCLE	MELBOURNE FL 32940
D	CAMP, GLENN	P.O BOX 560471 N/A	COCOA FL 32923
D	MOSHER, THEODORE	165 RIVER ROAD CIRCLE	ROCKLEDGE FL 32955
		REINSTATEMENT 98-99 TS	

8. Name and Address of Current Registered Agent

HARLAN, LESLIE
185 RIVER ROAD CIR
ROCKLEDGE FL 32955

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-08/16/99--01007--015
*****306.25 *****306.25

9. Name and Address of New Registered Agent

Name: DAVID BURRIER
Street Address (P.O. Box Number is Not Acceptable): 180 RIVER ROAD CIRCLE
Suite, Apt. #, Etc.:
City: ROCKLEDGE State: FL Zip Code: 32955

CR2E040 (9/98)

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: Leslie Harlan David K. Burrier Date: 7-10-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Kathy Burrier President David K. Burrier 7-12-99 (407)631-8271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #