

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 19 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000010033

1. Corporation Name

Rive Del Sol Homeowners Association, Inc.

REINSTATEMENT 06-09

600159737996
08/19/09--01037--013 **245.00

CR2E081 (12/08)

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

1206 Magnolia Avenue

3. Mailing Office Address

1206 Magnolia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, Florida

City & State

New Smyrna Beach, Florida

Zip

32168

Country

USA

Zip

32168

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 28, 2005

5. FEI Number
27-0572363

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

Garth D. Bonney, Esquire

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

436 McKenzie Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

☒ 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

REGISTERED AGENT MUST SIGN

Date 8-18-09

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
PSTD	Gabrielle M. Hippo	1206 Magnolia Avenue	New Smyrna Beach, FL 32168
VP/D	Beth Herren	1919 Burnt Mill Road	Tallasse, AL 36078
D	Bob Herren	1919 Burnt Mill Road	Tallasse, AL 36078
D	Pam Nutt	286 Luella Road	Locust Grove, GA 30248

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: Gabrielle M. Hippo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/09
Date

386-427-5668
Daytime Phone #

28/20