

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 OCT 11 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001670

1. Corporation Name

River's Bend Homeowners Association, Inc.

REINSTATEMENT

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

1504 China Grove Trail

Suite, Apt. #, etc.

3. Mailing Office Address

1504 China Grove Trail

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301-4972

Country

Leon

City & State

Tallahassee, FL

Zip

32301-7972

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida
02/15/2006

5. FET Number

59-3825490

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

Neil P. Ryder

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

1504 China Grove Trail

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-4972

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

Neil P. Ryder

Date 10/10/2013

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	F. Earl Everett	302 US Highway 17 South	East Palatka, FL 32131
S/D	Bill Carnes	1444 Lee Avenue	Tallahassee, FL 32303
T/D	James R. Smith	5265 Pimlico Drive	Tallahassee, FL 32309

OCT 11 2013

S. PRATHER

10. E-mail Address: NeilRyder@comcast.net

(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:

James R. Smith T/D JAMES R. SMITH

10/10/2013

850-656-0006

Date

Daytime Phone #