

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

98 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07158

1. Corporation Name

* River Wilderness Homeowners Association, Inc.

Principal Place of Business

One Wilderness Blvd
Parrish, FL 34219

Mailing Address

2600 Douglas Rd. #803
Coral Gables, FL 33134

REINSTATEMENT

97-98
ad

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2491743

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	William G. Vernon	One Wilderness Blvd.	Parrish, FL 34219
D VSP	Robert Bullock	One Wilderness Blvd.	Parrish, FL 34219
D	Roy Premier	One Wilderness Blvd.	Parrish, FL 34219

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8. Name and Address of Current Registered Agent

Richard Sheets
One Wilderness Blvd.
Parrish, FL 34219

9. Name and Address of New Registered Agent

Name
William G. Vernon
Street Address (P.O. Box Number is Not Acceptable)
One Wilderness Blvd.
Suite, Apt. #, Etc.

City
Parrish

State
FL

Zip Code
34219

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

William G. Vernon
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

William G. Vernon

941-776-3387

CR2540 (12/85)