PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07158

1. Corporation Name
River Wilderness Homeowners Association, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
One Wilderness Blvd.	2600 Douglas Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 505
City & State	City & State
Parrish, Florida	Coral Gables, Florida
Zip / Country	Zip / Country
34219 / USA	33134 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/17/1985

5. FEI Number: 59249743 — 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: 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

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****297.50 ****297.50

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: William G. Vernon — Date: 2/5/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
DP	William G. Vernon	One Wilderness Blvd.	Parrish, FL 34219
VSTD	Richard Sporl	One Wilderness Blvd.	Parrish, FL 34219
D	Roy Premer	One Wilderness Blvd.	Parrish FL 34219
D	Jack Affiebach	One Wilderness Blvd.	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: _____ 2/4/02 9417761729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #