PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 28 PM 1:53

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07158

1. Corporation Name
RIVER WILDERNESS HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
ONE WILDRNESS BLVD.	2600 DOUGLAS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 505
City & State	City & State
PARRISH, FL	CORAL GABLES, FL
Zip / Country	Zip / Country
34219 / USA	33134 / USA

4. Date Incorporated or Qualified To Do Business In Florida 1/17/85

5. FEI Number 59-2491743 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $22.75 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

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: 2/28/05

REGISTERED AGENT MUST SIGN

CR2E-081 (01/05)

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
DST	ROY A. PREMER	ONE WILDERNESS BLVD.	PARRISH, FL 34219
DV	XAVIER F. ROSALES	ONE WILDERNESS BLVD.	PARRISH, FL 34219
	REINSTATEMENT 03-05	400047872774 03/08/05--01009--021 **367.50	

10. I certify that I am an officer or director of 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: Roy A. Premer — 2/28/05 — 305 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #