

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **N09639**

99 NOV 30 PM 3: 15

1. Corporation Name

R'VERWALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~154 PARK AVE. S.
 WINTER PARK FL 32790~~

~~154 PARK AVE. S.
 WINTER PARK FL 32790~~



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable 7826 Cooper Road		3. New Mailing Office Address, If Applicable 7826 Cooper Road		4. Date Incorporated or Qualified To Do Business in Florida 06/07/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3027618	
City & State Cincinnati, Ohio		City & State Cincinnati, Ohio		Applied For Not Applicable	
Zip 45242	Country USA	Zip 45242	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	4. City / State / Zip
PD	GREEN, MICHAEL L.	154 PARK AVE., SOUTH	WINTER PARK FL
STD	COLLISON, HARRY W.	154 PARK AVE., SOUTH	WINTER PARK FL
D	WOOD, PHILIP E.	154 PARK AVE., SOUTH	WINTER PARK FL
PSTD	Gregory K. McGrath	7826 Cooper Road	Cincinnati, Ohio 45242

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 ***758.75 ***758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GREEN, MICHAEL L. 154 PARK AVE., SOUTH WINTER PARK FL 32789		Name Gregory K. McGrath	
		Street Address (P.O. Box Number is Not Acceptable) 4561 Gulf of Mexico Drive	
		Suite, Apt. #, Etc. #101	
		City Longboat Key	State FL
		Zip Code 34228	

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: *Gregory K. McGrath* REGISTERED AGENT MUST SIGN Date: 11-23-99

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., 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: *Gregory K. McGrath* (513) 984-5001 Date: 11-23-99 Daytime Phone #
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gregory K. McGrath, President

CR25040 (8/99)

AD