

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 JAN 31 AM 8:07

DOCUMENT # N15000010634

1. Corporation Name

Riverview 14 Association, Inc.

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

5000 Northwind Dr.

Suite, Apt. #, etc.

120

City & State

East Lansing MI

Zip

48823

Country

USA

3. Mailing Office Address

5000 Northwind Dr.

Suite, Apt. #, etc.

120

City & State

East Lansing MI

Zip

48823

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2015

5. FEI Number

81-2943055

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

R & A Agents Inc.

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

2320 First Street

Suite, Apt. #, Etc.

Suite 1000

City

Fort Myers

State

FL

Zip Code

33901

300294161763

01/31/17--01012--006 **\$1.25

300294161763

01/10/17--01013--003 **\$36.25

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

[Signature] Esq. Asst Secretary
REGISTERED AGENT MUST SIGN

Date 1/4/17

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
D/P/T	Scott A. Chappelle	5000 Northwind Dr. Suite 120	East Lansing MI 48823
D/V/P	Terry A. Benton	5000 Northwind Dr. Suite 120	East Lansing MI 48823
D	Rene Ewing	5000 Northwind Dr. Suite 120	East Lansing MI 48823

10. E-mail Address: lmoore@raaw.com

(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.617.155, F.S.

SIGNATURE:

[Signature] Scott A. Chappelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/16 517-336-4400
Date Daytime Phone #