

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N16625

1. Corporation Name

RIVER CENTRE ASSOCIATION, INC.

Principal Place of Business

104 JULIA ST
TITUSVILLE FL 32786
US

Mailing Address

990 S. WASHINGTON AVENUE
TITUSVILLE FL 32786
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

219 INDIAN RIVER AV

BOX 6026

City & State

City & State

TITUSVILLE, FL

TITUSVILLE, FL

Zip

Zip

32796

Country

US

32782-6026

Country

US

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
D-	BURKE, JAMES H. Delete	1029 RICE AVE	TITUSVILLE FL 32782
PO/JP	KENNEDY, KERRY	P. O. BOX 6524	TITUSVILLE FL 32782
DS	SLINING, KAREN	311 S. WASHINGTON AVE.	TITUSVILLE FL 32796
TD	SHAHER, LORENE	1516 WAKEFIELD TERR	TITUSVILLE FL 32796
BP	FRISBEE, DOYLE DELETE	2015 CITRUS DRIVE 56 FAIRGLEN	TITUSVILLE FL 32796
WD	REEDY, DIXIE	342 S. WASHINGTON AVE.	TITUSVILLE FL 32796

8. Name and Address of Current Registered Agent

FRISBEE, DOYLE
300 S. WASHINGTON AVENUE
P.O. BOX 6026
TITUSVILLE FL 32782

9. Name and Address of New Registered Agent

Name
RADCLIFF, MARY
Street Address (P.O. Box Number is Not Acceptable)
219 INDIAN RIVER AVE.
Suite, Apt. #, Etc.
City
TITUSVILLE
State
FL
Zip Code
32796

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
Mary B. Radcliff
REGISTERED AGENT MUST SIGN

Date
12-3-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/97
Date

268-4053
Daytime Phone #



REINSTATEMENT

1997

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1986 12/19/97

5. FEI Number

59-2616342

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR25040 (8-97)