


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 MAY 19 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22753

1. Corporation Name

The River's II Condominium Assoc.
4015 S.E. 20th Place
Cape Coral, FL 33904 ~~33915~~

2. Principal Office Address

3645 SE 8th Place

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 151845

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

US

City & State

Cape Coral, FL

Zip

33915

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

Reinst.

5. FEI Number

650158215

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

Zuñiga, Paula

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

3645 SE 8th Pl

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

Paula Zuñiga

REGISTERED AGENT MUST SIGN

Date 4/20/06

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
PD	Bruce McAbery	4015 SE 20 th Pl # 203	Cape Coral, FL 33904
V.P.	Jerry Leer	4015 SE 20 th Pl # 306	Cape Coral, FL 33904
TD	Larry Hennitt	4015 SE 20 th Pl # 202	Cape Coral, FL 33904
SD	Donna Aumann	4015 SE 20 th Pl # 205	Cape Coral, FL 33904
D	Gary Hughes	4015 SE 20 th Pl # 206	Cape Coral, FL 33904

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 contained in Chapter 119, 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

4/24/06

Date

Daytime Phone #