
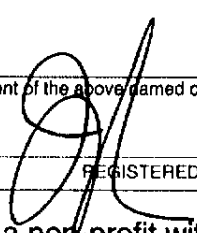
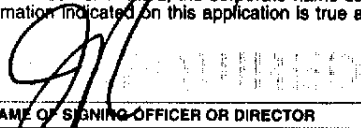


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> 		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 97 FEB -7 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																									
<p>DOCUMENT # N34846</p> <p>1. Corporation Name XXXXXXXXXX RIVER RAPIDS HOME OWNERS ASSOCIATION, INC.</p>				<p>REINSTATEMENT 95-97</p> <p>DO NOT WRITE IN THIS SPACE</p>																									
<p>Principal Place of Business 913 RIVER RAPIDS AVE. BRANDON FL 33511-8080 US</p>		<p>Mailing Address RIVER RAPIDS HOME OWNERS ASSC 907 RIVER RAPIDS AVE BRANDON FL 33511 US</p>																											
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																													
<p>2. New Principal Office Address, if Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Office Address, if Applicable</p> <p>Suite, Apt. #, etc. 907 River Rapids</p> <p>City & State</p> <p>Zip Country</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 10/23/1989</p> <p>5. FEI Number 59-2977595</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:40%;">3</th> <th style="width:20%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PR</td> <td>LIVINGSTON, LEONARD WATT, ALAN (D)</td> <td>813 RIVER RAPIDS AVE</td> <td>BRANDON FL</td> </tr> <tr> <td>SEC</td> <td>VEIT, THOMAS LIVINGSTON, ALICIA (D)</td> <td>907 RIVER RAPIDS AVE</td> <td>BRANDON FL</td> </tr> <tr> <td>TREAS</td> <td>WILBOEN, ELAYNE MONSEIN, JEFF (D)</td> <td>907 RIVER RAPIDS AVE.</td> <td>BRANDON FL</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;"> <p>800002081878--9 -02/10/97--01003--005 *****358.75 *****358.75</p> </td> </tr> </tbody> </table>						1	2	3	4	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	PR	LIVINGSTON, LEONARD WATT, ALAN (D)	813 RIVER RAPIDS AVE	BRANDON FL	SEC	VEIT, THOMAS LIVINGSTON, ALICIA (D)	907 RIVER RAPIDS AVE	BRANDON FL	TREAS	WILBOEN, ELAYNE MONSEIN, JEFF (D)	907 RIVER RAPIDS AVE.	BRANDON FL				<p>800002081878--9 -02/10/97--01003--005 *****358.75 *****358.75</p>
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<p>8. Name and Address of Current Registered Agent</p> <p>JEFF MONSEIN JEFF MONSEIN 907 RIVER RAPIDS AVE BRANDON FL 33511</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name JEFF Monsein</p> <p>Street Address (P.O. Box Number is Not Acceptable) 907 River Rapids Ave</p> <p>Suite, Apt. #, Etc.</p> <p>City Brandon State FL Zip Code 33511</p>																										
<p>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.</p> <p>Signature of Registered Agent  Date 1/16/97</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																													
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																													
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																													
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																													
<p>SIGNATURE: </p>		<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date 1/16/97 Daytime Phone # 813-2474710</p>																									

CR2E040 (8/95)