

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 8:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **N34846**

1. Corporation Name

RIVER RAPIDS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~910 RIVER RAPIDS AVE~~
BRANDON FL 33511
 US

~~910 RIVER RAPIDS AVE~~
BRANDON FL 33511
 US



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

~~909 RIVER RAPIDS AVE~~
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~909 RIVER RAPIDS AVE~~
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1989

5. FEI Number

59-2977595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33511

Country

USA

Zip

33511

Country

USA

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRD	FERGUSON, MICHAEL E	910 RIVER RAPIDS AVE	BRANDON FL 33511
DS	HELMON, DON	908 RIVER RAPIDS AVE	BRANDON FL 33511
D	BRIGGS, STEPHEN	901 RIVER RAPIDS AVE	BRANDON FL 33511
PD	DAVID B. WILDGEN	909 RIVER RAPIDS AVE.	BRANDON, FL 33511
SD	HOWARD ALAN WATT	915 RIVER RAPIDS AVE.	BRANDON, FL 33511
TD	MICHAEL COPE	918 RIVER RAPIDS AVE.	BRANDON, FL 33511

8. Name and Address of Current Registered Agent

FERGUSON, MICHAEL E
910 RIVER RAPIDS AVE
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name **DAVID B. WILDGEN**
 Street Address (P.O. Box Number is Not Acceptable)
909 RIVER RAPIDS AVE.
 Suite, Apt. #, Etc.
 City **BRANDON** State **FL** Zip Code **33511**

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. or 617.0505, F.S.

Signature of Registered Agent

David B. Wildgen
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **12/30/02**

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:

DAVID B. WILDGEN
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02
 Date

941-927-7818
 Daytime Phone #

CR2E040 (9/02)