

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38440

1. Corporation Name

River of Life Inc.

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

2755-D County Rd

Suite, Apt. #, etc.

220

City & State

Middleburg, FL

Zip

32068

Country

Clay

3. Mailing Office Address

2755-D County Rd

Suite, Apt. #, etc.

220

City & State

Middleburg, FL

Zip

32068

Country

Clay

600280614596

01/05/16--01012--026 **542.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1990

5. FEI Number

59-3031947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sheilah J. Ryan

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

2755-D County Road

Suite, Apt. #, Etc.

220

City

Middleburg

State

FL

Zip Code

32068

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

Sheilah J. Ryan

REGISTERED AGENT MUST SIGN

Date **12/16/2015**

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
P-ST	Sheilah J. Ryan	2755-D County Rd 220	Middleburg, FL 32068
VP	Kelley L. Ryan	2201 Lakeshore Dr. N .	Fleming Island, FL 32003

10. E-mail Address: **simonic@simonic.net**

(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.817.155, F.S.

SIGNATURE:

Sheilah J. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/15

DATE

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2016

RIVER OF LIFE INC
2755-D COUNTY RD
220
MIDDLEBURG, FL 32068

SUBJECT: RIVER OF LIFE, INC.
Ref. Number: N38440

We have received your document for RIVER OF LIFE, INC. and your check(s) totaling \$542.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

RUSSELL L HUNT
Regulatory Specialist II

Letter Number: 016A00000338