

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 38440**

1. Corporation Name

River of Life, Inc.

REINSTATEMENT 02-03
300025079265

11/26/03--01061--001 **122.50

2. Principal Office Address

2755-D County Road 220

3. Mailing Office Address

2755-D County Road 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, Florida

City & State

Middleburg, Florida

Zip

32068

Country

Clay

Zip

32068

Country

Clay

4. Date Incorporated or Qualified
To Do Business in Florida

June 5, 1990

5. FEI Number

59-303 1947

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

Sheilah J. Ryan

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

2755-D County Road 220

Suite, Apt. #, Etc.

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

Date

11/24/03

REGISTERED AGENT MUST SIGN

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
Pres.	Glenn W. Ryan Jr.	2755-D County Road 220	Middleburg, FL 32068
V-Pres.	Glenn W. Ryan Sr.	2755-A County Road 220	Middleburg, FL 32068
Sec/Tre	Sheilah J. Ryan	2755-D County Road 220	Middleburg, FL 32068

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 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:

Glenn W. Ryan Jr.

Glenn W. Ryan Jr.

09/25/03

256-656-7115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)