LLEASE WEY	AU ALL INS	THUCTIONS REPORE	CUMPLE	TING THIS FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State of DIVISION OF CORPORATIONS				
DOCUMENT # MSSOODO4254				99 NOV 15 AM 9: 48	
Riviera Isles Homeowners Association				SECREMAN OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				17	
346 Riviera Isle Drive (S.E. 25th Avenue) Fort Lauderdale, F1 33301				5000030422358 -11/23/9901003018 ****420.77 ****420.77	
Il above aodresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified		
Suite, Apt. #, etc.	. Apt #, etc Suite, Apt. #, etc.		5. FEI Numbe	iness in Florida	
City & State	City & State		·-	Applied For Not Applicable	
Zip Country	Zip	Country	6. CERTIFICAT	TE OF STATUS DESIRED X	
7. Names and Street Addresses of Each Officer Name of Officers		orida nonprofit corporations must list at le			
Title(s) and/or Directors	:	Officer and/or Directo 3 (Do NOT Use Post Office Box	or	City / State / Zip	
Pres. Donald W. Met V.P. Jeffrey Davis Sec/Treas. Robin Bra Dir Charlotte Honea Dir Bill Joyner	(D)	346 Riviera Isle 350 Riviera Isle 509 Riviera Isle 2317 Solar Plaza 646 Flamingo Dri	Drive Drive	Fort Lauderdale, FL 3330 Fort Lauderdale, FL 3330 Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301	
8. Name and Address of Curr	ent Registered Age	INSTA	Name and	Address of New Registered Agent	
Name Robin Bracks Street Address (P.C. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc. City Fig. 10 R. da. State Zip Code FL 33301					
Signature of Registered Agent	REGISTEDED AGE	Strait & Brains		Date 10-21-99	
 This corporation owes the Intangible Personal Prop 			Ø No □	(See other side for information on intengible tax.)	
this reinstatement application, the reason for do weed by the corporation have been paid and to on this application is true and accurate, and most supplication is true and accurate, and most supplication is true and accurate.	issciution has been in the names of individu y signature shall have	eliminated, the corporate name satisfies uals listed on this form do not qualify for	the requirements an exemption und	apter 607 or 617, F.S. I further certify that when filling is of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated (954) (974) Date Dayline Phone 4	