

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004605

1. Corporation Name

SINGING RIVER RENDEZVOUS ASSOCIATION, INC.

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

920 32ND AVE EAST

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

34208

Country

3. Mailing Office Address

920 32ND AVE EAST

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

34208

Country

7. Name and Address of Current Registered Agent

Name

GLEN SOMERVILLE

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

920 32ND AVE EAST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34208

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/8/10

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
C	JON R. THOMPSON	401 BUCK PERRY RD	BETHPAGE TN 37022
VC	BONNIE SHELNUTT	11554 MACEDONIA CROFTON RD	CROFTON KY 42217
S	KARON LAMB	2113 HAVEN CREST DR.	CHATTANOOGA TN 37421
D	PEGGY SOMERVILLE	920 32ND AVE EAST	BRADENTON FL 34208
D	WILLARD BRASGALLA	2113 HAVEN CREST DR.	CHATTANOOGA TN 37421
D	JERRY SCOTT	2118 53RD AVE WEST	BRADENTON FL 34209

10. E-mail Address:

[Signature] glenwagonslayer@aol.com

(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., 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.

SIGNATURE:

[Signature]

JON R. THOMPSON

04/05/2010 615-969-0149

FILED

10 APR 20 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/20/10--01020--023 **420.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 09/03/1996

5. FEI Number

650793428

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4/21/10