PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 MAR 25 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004316

1. Corporation Name

River Watch Homeowners Association of Hillsborough, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4131 Gunn Highway		4131 Gunn Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip	Country	Zip	Country
33618	Hillsborough	33618	Hillsborough

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
July 28, 1997

5. FEI Number
59-3495217
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
$9.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Friscia & Ross PA

Street Address (P.O. Box Number is Not Acceptable)
5550 W. Executive Dr.

Suite, Apt. #, etc.
Suite 250

City | State | Zip Code
Tampa | FL | 33609

900283817149
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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 _____ Date 3/18/16

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
P	Jim Egbert	4131 Gunn Hwy	Tampa, FL 33618
VP	Andy Kern	4131 Gunn Hwy	Tampa, FL 33618
S	Margaret Cabral	4131 Gunn Hwy	Tampa, FL 33618
T	James Pulkowski	4131 Gunn Hwy	Tampa, FL 33618
D	Judy Tramposch	4131 Gunn Hwy	Tampa, FL 33618

10. E-mail Address: nblackerby@greenacre.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., 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: _____ James Egbert President 3-18-16
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #