

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **198000003208**

1. Corporation Name

**Riverview Terrace Community Management
INC.**

2. Principal Office Address

312-314 COURT E

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

Hillsborough

3. Mailing Office Address

305 COURT E

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-4-98

5. FEI Number

59-3519268

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

Claudia Clemons

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

305 COURT E

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

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

Claudia Clemons

Date

12-28-01

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	Claudia Clemons	305 COURT E	Tampa, FL 33604
VPres	John Cowell	115 E Kirby St.	Tampa, FL 33604
Sec.	Bernadette Diana Clemons	115 E Kirby	" " 33604
POD	Geraldine Ashley	115 E Hanlon	Tampa, FL 33604
POD	Stephane Brown	1800 N. Rome	Tampa, FL 33607
POD	Barbara Lee	115 Union St	Tampa, FL 33607

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:

Claudia Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-01

Date

913-234-8911

Daytime Phone #

CR2E081 (9/00)