

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000017333

1. Corporation Name

River Pointe Management Corporation

2. Principal Office Address

350 West Flagler Street

Suite, Apt. #, etc.

3. Mailing Office Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1700

City & State

Miami FL

City & State

Miami FL

Zip

33130

Country

US

Zip

33131

Country

US

REINSTATEMENT 02

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

2/17/00

5. FEI Number

☒ 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

Miami Center Registered Agents, LLC

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

201 S. Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 1700

City

Miami

State
FL

Zip Code

33131

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] VP
REGISTERED AGENT MUST SIGN

Date Oct. 29, 2002

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
D	Peter A. Swartz	201 S. Biscayne Blvd. #1700	Miami FL 33131

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Swartz, Dir.

Date 10/29/02

Daytime Phone # 305-372-3510

CR2E081 (9/01)

2/10/2012