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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 25 AM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017376

1. Corporation Name

RIVAGE, INC.

10 SW 2ND ST
10 SW 2ND ST

2. Principal Office Address

10 SW 2ND ST

3. Mailing Office Address

10 SW 2ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip
32601

Country
USA

Zip
32601

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/07/2000

5. FEI Number
58-9407022

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
KIM EHRICH

Street Address (P.O. Box Number is Not Acceptable)
10 SW 2ND ST

Suite, Apt. #, Etc.

City
GAINESVILLE

State
FL Zip Code
32601

800038287638
06/25/04-01062-004 **458.75

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 06/22/2004

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	KIM EHRICH	10 SW 2ND ST	GAINESVILLE/FL/32601

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:

Kim Ehrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/04

Date

352-262-6602

Daytime Phone #

CR2E081 (01/04)

PS 272

FLORIDA DEPT. OF STATE
Div. of Corporations
PO BOX 6327
Tallahassee, FL 32314

Rivage, Inc
10 SW 2ND ST.
Gainesville, FL 32601
352-262-6602
FEI # 58-9407022

Div. of Corporations;

We noticed that our corporation is inactive. The address listed for the registered agent is a not valid. We have not received any forms to file or any notices. we filed a new address with the Div. Of Corporations in August 2001 on the form for that year. Please up date the new address info. We have enclosed a check for \$450.00. This amount is for the three previous years to get us up to date. If you have any questions please contact me at your convenience.

KIM EHRICH
10 SW 2ND ST.
GAINESVILLE, FL 32601

KIM EHRICH

Kim E Ehrich

President,
Rivage, Inc.