


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | |
|--|--|--|---------------------------|---|--|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 07 JAN 12 PM 2:50 TALLAHASSEE, FLORIDA | |
| DOCUMENT # PG00000017376 1. Corporation Name RINAGE, INC | | | | | |
| 2. Principal Office Address 10 SW 2ND ST Suite, Apt. #, etc. | | 3. Mailing Office Address 10 SW 2ND ST Suite, Apt. #, etc. | | REINSTATEMENT 05-07 | |
| City & State GAINESVILLE, FL Zip 32601 | | City & State GAINESVILLE, FL Zip 32601 | | | |
| 4. Date Incorporated or Qualified To Do Business in Florida 02/07/2000 | | | | 5. FEI Number 589407022 | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name KIM EHRICH | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 10 SW 2ND ST GAINESVILLE FL 32601 | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City GAINESVILLE State FL Zip Code 32601 | | | | | |
| 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 Kim Ehrich | | | | Date JAN/12/07 | |
| 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 | | |
| SEC | JASON MITCH | 10 SW 2ND ST | GAINESVILLE FL 32601 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 400085639064 01/23/07 01005 004 ***458.7 | | | | | |
| 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 | | | | Date JAN/12/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # 352 262 6602 | |

CR2001 (01/05)

IN REFERENCE TO RIVAGE, INC

I DID NOT RECEIVE THE

ANNUAL REPORT INFORMATION

FOR 2005,

J
JASON MITCH
MANAGER