

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 SEP 26 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

000 000050251

1. Corporation Name

RIVER FOREST REALTY INC.

100008069751--8

-09/27/02--01021--009

****150.00 ****150.00

2. Principal Office Address

900 VIA LUGANO CR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL.

City & State

Zip

33436

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-9-01

5. FEI Number

31-1774275

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

MICHAEL J. LOCIGRO

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

900 VIA LUGANO CR.

Suite, Apt. #, Etc.

210

City

BOYNTON BEACH FL

State

FL

Zip Code

33436

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]

REGISTERED AGENT MUST SIGN

Date

9-10-02

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	MICHAEL J. LOCIGRO	900 VIA LUGANO CR.	BOYNTON BEACH FL 33436

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02 561-436-6950

Date

Daytime Phone #

CR2E081 (9/01)

9/26/02