

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 26 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050336

1. Corporation Name

RIVERS PLASTERING, INC.

2. Principal Office Address - No P.O. Box #
125 CAMP ROAD

3. Mailing Office Address
P.O. BOX 318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALATKA, FLORIDA

City & State
PALATKA, FLORIDA

Zip
32177

Country
USA

Zip
32178

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **05/17/2000**

5. FEI Number
59-3644813

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
HOWARD C RIVERS

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

Suite, Apt. #, Etc.

City
PALATKA

State
FL

Zip Code
32177

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **Howard C. Rivers Jr.**
REGISTERED AGENT MUST SIGN

Date **10-22-07**

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	RIVERS, HOWARD C	P.O. BOX 318	PALATKA, FLORIDA 32178

REINSTATEMENT

2007

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 contained in Chapter 119, 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: **X Howard C. Rivers Jr.** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-07 904-509-8833
Date Daytime Phone #