

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000052257**

1. Corporation Name

Peace River, Inc.

300023759639
10/13/03--01088--013 **1200.00

REINSTATEMENT 00-03

2. Principal Office Address 4615 NW 110th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 4615 NW 110th Avenue Suite, Apt. #, etc.	
City & State Ocala, Florida		City & State Ocala, Florida	
Zip 34482	Country U.S.A.	Zip 34482	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 06/01/2000	
5. FEI Number 52-2242452	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Barry & Company, PA		
Street Address (P.O. Box Number is Not Acceptable) 1400 Centrepark Blvd. Ste. 850		
Suite, Apt. #, Etc.		
City West Palm Beach, FL	State FL	Zip Code 33401

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 **10/10/03**

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
Pr.	Susan Warriner	4615 NW 110th Avenue	Ocala, FL 34482
Sr. & Tr.	Thomas Warriner	4615 NW 110th Avenue	Ocala, FL 34482

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

10/10/03 352-629-9983

Date

Daytime Phone #

21 10/15

CR2E081 (10/02)