

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 05
FILED

05 DEC 13 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072005 REIN-P CR2E098 (6/04)

DOCUMENT # P00000054558

1. Entity Name
RIVERMAR CONTRACTING COMPANY



Principal Place of Business
4650 LINKS VILLAGE DR
UNIT A103
PONCE INLET, FL 32127

Mailing Address
4650 LINKS VILLAGE DR
UNIT A103
PONCE INLET, FL 32127

2. Principal Place of Business

3. Mailing Address

70 Box 723427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Atlanta, Ga

Zip

Country

Zip
31139

Country

4. FEI Number
59-3656443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME TREADWAY, FREDERICK C
STREET ADDRESS 4620 S PENINSULA DR
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE PRESIDENT ☐ Change ☒ Addition
NAME MARCEL C. MUELLER
STREET ADDRESS 1845 THE EXCHANGE
CITY-ST-ZIP ATLANTA, GA 30339

TITLE D ☐ Delete
NAME BRUEGGEN, DAVID V
STREET ADDRESS 4620 S ATLANTIC AVE
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE SECRETARY ☐ Change ☒ Addition
NAME DOROTHY J. GIGLIO
STREET ADDRESS 1845 THE EXCHANGE
CITY-ST-ZIP ATLANTA, GA 30339

TITLE D ☐ Delete
NAME BIRDWELL, CODY W
STREET ADDRESS 1845 THE EXCHANGE STE 200
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MUELLER, THOMAS W
STREET ADDRESS 4620 S ATLANTIC AVE
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 11/14/05 01047 019 \$150

TITLE VP ☐ Delete
NAME MATHIS, STEVEN B
STREET ADDRESS 1845 THE EXCHANGE STE 200
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME PINCKNEY, FRED J
STREET ADDRESS 1845 THE EXCHANGE STE 200
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 12/13

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1-05