

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL -8 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000064250**

1. Corporation Name

RIVERQUEST KAYAKS, INC.

2. Principal Office Address

4043 S. HWY 17-92

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

3. Mailing Office Address

4043 S. HWY 17-92

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

32707

Country

U.S.A.

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/29/2000

5. FEI Number

☒ 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

LAWRENCE D. RHODES

600007071378--7

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

4043 S. Hwy. 17-92, E

08/13/02 01020-002

*****900.00 ***800.00**

Suite, Apt. #, Etc.

City

CASSELBERRY, FL

State

FL

Zip Code

32707

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 of Lawrence D. Rhodes]

REGISTERED AGENT MUST SIGN

Date

7/01/02

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
PD	RHODES, LAWRENCE D.	760 NAPLES DR	ORLANDO, FL 32804
VD	RHODES, BERYNDA L.	760 NAPLES DR	ORLANDO, FL 32804
D	RHODES, IRVIN A. JR.	673 ROYAL PALM DR.	CASSELBERRY FL 32707

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 of Lawrence D. Rhodes]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE D. RHODES

Date

6/10/02

Daytime Phone #

407-834-4040

CR2E081 (9/01)