

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY -3 PM 4:44

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000083720

1. Corporation Name

Posey's On The River, Inc.

2. Principal Office Address

55 Riverside Drive

3. Mailing Office Address

55 Riverside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Marks, FL

City & State

St. Marks, FL

Zip

32355

Country

USA

Zip

32355

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-5-2000

5. FEI Number

593668107

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

Steven M. Malono, Esq.

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

215 South Monroe Street

Suite, Apt. #, Etc.

Second Floor

City

Tallahassee

State

FL

Zip Code

32301

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 Steven M. Malono]

REGISTERED AGENT MUST SIGN

Date

5/3/04

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
P/D/T	Daphne Beckham	55 Riverside Drive	St. Marks, FL 32355
VP/S/D	John Gunter	55 Riverside Drive	St. Marks, FL 32355

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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:

Daphne D Beckham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-04

Daytime Phone #

(850) 925-6172

CR2E081 (01/04)