


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

1050

FILED

08 NOV -3 PH 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P0000095328</b> 1. Entity Name <b>NEW RIVER ESTATES, INC.</b>	
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Principal Place of Business <b>NEW RIVER ESTATES CAROLINE DR. LOT #120 WORTHINGTON SPRINGS, FL 32697</b>	Mailing Address <b>NEW RIVER ESTATES CAROLINE DR. LOT #120 WORTHINGTON SPRINGS, FL 32697</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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10302008 REIN-P CR2E098 (1/07)

4. FEI Number <b>59-3675965</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FL MIAMI, FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>RIMES, JEFF D</b> <input type="checkbox"/> Delete <b>NEW RIVER ESTATES CAROLINE DRIVE LOT #120</b> <b>WORTHINGTON SPRINGS, FL 32697</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">                         000137582140                          11/03/08--01072--017 **150.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jeff D Rimes* Date: Oct 22, 2008 Daytime Phone #: 352 339-6332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/08

2008

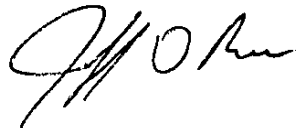
October 28, 2008

Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Re-Application Fee for P00000095328

On February 27, 2008 I wrote three checks for three separate corporation. An amount for \$ 150.00 ( Check # 1584) had been written for P00000095328 Annual Corporate report. Out of the 3 checks that were written, only two of the three checks were received by the Division of Corporation. We were told to re-issue the check amount of \$ 150.00. If you have any further request, please call.

Sincerely,



Jeff D. Rimes  
President/Owner  
(352)339-6332