PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	Katherii Secretar	INENT OF STATE ine Harris try of State CORPORATIONS	
1	0101540		FILED
1. Corporation Name RIVER WOODS ESTATES, INC.			01 NOV -5 AM 8:52
			SECRETARY OF STATE TALL'AHASSEE FLORIDA
Principal Place of Business	Mailing Address		TALL'AHASSEE FLORIDA
12020 GANDY BOULEVARD SAINT PETERSBURG FL 33702	DY BOULEVARD 12020 GANDY ROULEVARD		
		!	
If above addresses are incorrect in any way, line thro	rough incorrect information an		C)
3/19 BAy Shore Blud. N.E. Suite, Apt. #, etc.	Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 10/30/2000
City & Staff	City & State		5. FEI Number Applied For
St. Petersburg, It.	,	<u> </u>	6. \$9.75 Additional Control of
Zip 33703 Country	Zip	Country	CERTIFICATE OF STATUS DESIRED S8./5 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas			
Title(s) Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	
PSTD TUCKER, KIEFER G	The first and th		N.E. St. Refersburg FL 33703
		Basker Blud.	The state of the s
			6000047183763 -12/11/0101043002
			*****750,00 *****750,00
			2 MAN
			7X()
8. Name and Address of Current R	Registered Agent		Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE		Name 7/4/C/S Street Address (F)	5e-KiESER G. SAMC 98 20. Box Number is Not Acceptable) ry shore Blue. N.E.
CORAL GABLES FL 38134		Suite, Apt. #, Etc.	9 Shorte 15100. 10.2.
		City - Peter	State Zip Code FL 3 2 7 0 3
10. I, being appointed the registered agent of the abov	ve named corporation, am far	miliar with and accept the ob	
Signature of Benistered Aport 11/1/01			
Registered Agent Date Date			
this reinstatement application, the reason for dissolu	lution has been eliminated, the names of individuals tisted on	the corporate name satisfies the third third the corporate name satisfies the corporate the corporat	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated oath.
7/ 0	·	/ _	
SIGNATURE: 7 into 6 1/27 526-2442 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			