

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **OCUR**
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004970

1. Corporation Name

RIVER ADVENTURES, INC.

Principal Place of Business

422 RIVER STREET
PALATKA FL 32177

Mailing Address

422 RIVER STREET
PALATKA FL 32177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2001

5. FEI Number

59-3702532

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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 least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DST	FREEMAN, LINDA K	422 RIVER STREET	PALATKA FL 32177
DP	FREEMAN, LEONARD D	422 RIVER STREET	PALATKA FL 32177
DV	STEIN, JUDITH C	6 OAK HILL DRIVE	WURTSBORO NY 12790

100008780651

11/04/02 01057 012 **158.75

8. Name and Address of Current Registered Agent

TOWNSEND, WILLIAM L JR
WALTON & TOWNSEND, P.A.
200 REID STREET, CAPITAL CITY BANK BLDG
PALATKA FL 32177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-30-02

11. 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:

Leonard D. Freeman, President/Director
[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

Date

386-328-1447

Daytime Phone #

CR2E040 (8/02)

**RIVER ADVENTURES, INC.
422 RIVER STREET
PALATKA, FLORIDA 32177**

October 30, 2002

**Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**


Dear Sirs,

Please find enclosed a completed application for reinstatement and a check in the amount of \$158.75 in payment for: 1. Annual Report Fee; 2. Corporate Supplemental Fee; and 3. Certificate of Status Fee.

I understand that there is no penalty if the uniform business report (UBR) was not previously received. Please accept this letter as confirmation to your office that no UBR was ever received at the mailing address of River Adventures, Inc., or at the principal place of business or at the address of the current registered agent.

I thank you for your attention to this matter and I will look forward to receiving the Certificate of Status.

Sincerely,

A handwritten signature in black ink, appearing to read "Leonard D. Freeman", written over a horizontal line.

**Leonard D. Freeman, President
River Adventures, Inc.**