

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 16 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 901000079902

1. Corporation Name

THE RIVERWALK OF FANNING SPRINGS, INC.

2. Principal Office Address

612 W. WADE STREET.

3. Mailing Office Address

612 W. WADE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TRENTON, FL.

City & State

TRENTON, FL.

Zip

32693

Country

GILCHRIST

Zip

32693

Country

GILCHRIST

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/2001

5. FEI Number

93737659

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 CAROL J. McQueen

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

9207 FLORIDA STREET.

Suite, Apt. #, Etc.

FANNING SPRINGS, FL

City

State

FL

Zip Code

32693

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

Carol J. McQueen
REGISTERED AGENT MUST SIGN

Date 5/16/05

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
<u>DPST</u>	<u>DAVID PADOT</u>	<u>612 W. WADE STREET</u>	<u>TRENTON, FL. 32693</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/05
Date

(352) 463-8782
Daytime Phone #

CR2E081 (01/05)