

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 14 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **444 P01000109591**

1. Corporation Name

**RIVER CITY BARGE, INC.**

2. Principal Office Address

**6889 SEA COVE AVE W. P.O. BOX 1016**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL.**

City & State

**ST. AUGUSTINE, FL.**

Zip

**32086**

Country

**USA**

Zip

**32085**

Country

**USA**

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Nov. 14, 2001**

5. FEI Number

**59-3756514**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**BERNARD SCHLOSSBERG**

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

**9900 WEST SAMPLE ROAD**

Suite, Apt. #, Etc.

**SUITE 318**

City

**CORAL SPRINGS, FL.**

State

**FL**

Zip Code

**33065**

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]*

REGISTERED AGENT MUST SIGN

Date

**5/21/04**

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
Pres	ELLSWORTH MIDGETT III	6889 Sea Cove Ave. West	St. Augustine, Fl. 32086

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]*

**Ellsworth Midgett III**

**May 20, 04 904-794-7617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

May 20, 2004

RE: Reinstatement of corporation

DOCUMENT # P01000109591

To whom it may concern,

River City Barge, Inc. is hereby filing an application for the reinstatement of a Florida corporation. Neither the director/officer Ellsworth Midgett, nor the registered agent, Bernard Schlossberg have received any communication from the Florida Department of State. Annual report included. I am therefore sending herewith a check in the amount of \$150.00 and requesting that the corporation be reinstated.

Thank you for your consideration.

*Ellsworth Midgett*  
Ellsworth Midgett  
Principal Officer

cc. B. Schlossberg