PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE FALLAHASSEE, FLORIDA.

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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO2 0000 27593

.. Surporation Name
Riverside Landing Development Corporation

2. Principal Office Address 3. Mailing Office Address REINSTATEMENT 2003 4. Date Incorporated or Qualified To Do Business in Florida 04/15/02 City & State City & State 5. FEI Number Applied For Not Applicable Country Country Zip Zip \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc.

Signature of Registered Agent Date 97603 REGISTERED AGENT MUST SIGN							
9. Names	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				
DP	Henry U. Parrish, JR.	542 Delannoy Ave.	Cocog FL 32922				
D	Ada Parrish	542 Delannoy Ave.	Cocco FL 32922				
D	Henry U. Parrish III	638 Brevard Ave.	Cocoa FL 32922				
D	Judy J. Parnish	37 Derby St.	Cocoa FL 32922				

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

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.

SIGNATUR	E:	My	

D TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State

Zip Code