PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800024744038
11/17/03--01018--030 **150.00

DOCUMENT # **P02000132022**

1. Corporation Name

RIVER BAY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5210 BELFORT ROAD SUITE 300 JACKSONVILLE FL 32256 US	5210 BELFORT ROAD SUITE 300 JACKSONVILLE FL 32256 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/2002

5. FEI Number: 05-0547128 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	Tom Leonard	12905 Bay Plantation Dr. Jacksonville, FL 32223	Jacksonville, FL 32223

800024744038
01/15/04--01023--012 **600.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LAMBERT, VICTORIA M 5210 BELFORT ROAD SUITE 300 JACKSONVILLE FL 32256	Name: Yolanda Perez Street Address (P.O. Box Number is Not Acceptable): 5210 Belfort Rd. Suite, Apt. #, Etc.: Suite 300 City: Jacksonville State: FL Zip Code: 32256

C32E040 (7/03)

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: Yolanda Perez Date: 10/9/03
REGISTERED AGENT MUST SIGN

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: [signature] 10/9/03 904-245-7520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #