

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000114287

Entity Name: A.M. RIVERS CORP.

FILED
Oct 12, 2004
Secretary of State

Current Principal Place of Business:

12000 SHOREVIEW DR
MATLACHA, FL 33993

New Principal Place of Business:

Current Mailing Address:

12000 SHOREVIEW DR
MATLACHA, FL 33993

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAY, MARC
12000 SHOREVIEW DR
MATLACHA, FL 33993 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: KOZUCHOWSKI, GAIL M
Address: P O BOX 1
City-St-Zip: YALE, MI 48097

Title: P () Delete
Name: KAY, MARC
Address: P O BOX 4312
City-St-Zip: DEARBORN, MI 48126

Title: ST () Delete
Name: KOZUCHOWSKI, MICHELLE A
Address: 12000 SHOREVIEW DR
City-St-Zip: MATLACHA, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: KOZUCHOWSKI, GAIL M
Address: P O BOX 1
City-St-Zip: YALE, MI 48097 US

Title: P (X) Change () Addition
Name: KAY, MARC
Address: 12000 SHOREVIEW DR
City-St-Zip: DEARBORN, MI 48126 US

Title: ST (X) Change () Addition
Name: KAY, MARC
Address: 12000 SHOREVIEW DR
City-St-Zip: MATLACHA, FL 33993 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC KAY

P

10/12/2004

Electronic Signature of Signing Officer or Director

Date