

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 19 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **96400006160**

1. Corporation Name

Chipola River Townhouses, Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

3196 Townhouse Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3196 Townhouse Drive

Suite, Apt. #, etc.

City & State

Marianna, FL

City & State

Marianna, FL

Zip

32446

Country

USA

Zip

32446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/04

5. FEI Number
90-0136947

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

Gerald McGee

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

3196 Townhouse Drive

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

700191867857
01/19/11--01004--010 **1200.00

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

Gerald McGee
REGISTERED AGENT MUST SIGN

Date 1/19/11

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
PSD	Gerald McGee	3196 Townhouse Drive	Marianna, FL 32446

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in connection to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gerald McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

98 JAN 19 2011