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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P04000036631																										
1. Entity Name RIVER HILLS BY THE RIVER, INC.																										
Principal Place of Business 8827 RIVERHILLS DRIVE TAMPA, FL 33617		Mailing Address 4827 RIVERHILLS DRIVE TAMPA, FL 33617																								
2. Principal Place of Business c/o Metalico, Inc. Suite A2, etc. 186 North Avenue E. Crawford, WI 07016		3. Mailing Address c/o Metalico, Inc. Suite A2, etc. 186 North Avenue E. Crawford, WI 07016																								
4. FSI Number 30-1190081		5. Certificate of Status Desired ☒ \$8.75 National Fee Required ☐ Not Applicable																								
6. Name and Address of Current Registered Agent TAYLOR, WILLIAM B ESQ. 400 N. TAMPA STREET SUITE 2300 TAMPA, FL 33602		7. Name and Address of new Registered Agent NRAI Services, Inc. 2331 Executive Drive Suite 4 Weston, FL 33331																								
8. 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. I am hereby waiving and accepting the obligations of registered agent.																										
SIGNATURE: <u>Zulema M. Howarth, Asst. Secy.</u> 8/3/06																										
FILE NUMBER: FE 12 6300.00		In accordance with s. 607.703(2)(b), F.S., the corporation did not receive the prior notice.																								
<table border="1"><thead><tr><th colspan="2">9. OFFICERS AND DIRECTORS</th><th colspan="2">10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete Officer & Director Joyce Morales-Caramella 18401 North 30th Street Lutz, FL 33509</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr></tbody></table>			9. OFFICERS AND DIRECTORS		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Officer & Director Joyce Morales-Caramella 18401 North 30th Street Lutz, FL 33509	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not comply for the exemptions contained in Chapter 218, Florida Statutes. I further certify that the information submitted on this report of supplemental report is true and accurate and that my signature and name have the same legal effect as if made under oath, that I am an officer or director of the corporation or the majority or majority empowered to make up this report as required by Chapter 607, Florida Statutes, and that my name appears in Item 10 or Item 11 as changed, or other attachment with an address, with all other data approved.																										
SIGNATURE: <u>Joyce Morales-Caramella</u> August 2, 2006																										

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Account Name : CORPDIRECT AGENTS, INC.
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Fax Number : (850) 224-1640

CORPORATION REINSTATEMENT

RIVER HILLS BY THE RIVER, INC.

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