

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE
FILE

08 JUL 16 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-21 15

400133018624
07/16/08--01032--015 **1050.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P04000098153*

1. Corporation Name

Rivers Edge Sports Bar Inc.

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

915 S 14th Street

Suite, Apt. #, etc.

City & State

Fernandina FL

Zip

32034

Country

Nassau

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

9/2005

5. FEI Number

20-2758146

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

Michael R. Marsh

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

1730 Pheasant Lane

Suite, Apt. #, Etc.

City

Fernandina

State

FL

Zip Code

32034

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *4/24/08*

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
<i>P</i>	<i>Michael R Marsh</i>	<i>1730 Pheasant Ln</i>	<i>Fern FL 32034</i>
<i>T</i>	<i>Kimberly R Marsh</i>	<i>1730 Pheasant Ln</i>	<i>Fern FL 32034</i>

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Daytime Phone #