Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
AMERICAN RIVERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$420.00

RH

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/09)

DOCUMENT # P29320

1. Corporation Name

American Rivers, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1101 14th Street, NW	1101 14th Street, NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1400	Suite 1400
City & State	City & State
Washington, DC	Washington, DC
Zip / Country	Zip / Country
20005 / USA	20005 / USA

4. Date Incorporated or Qualified To Do Business in Florida: September, 1984

5. FEI Number: 23-7305963 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mark Brinkman Vice President and Assistant Secretary Date: 3/5/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Rebecca Wodder	6106 Union Camp Drive	Fairfax Station, VA 22039
COO	William P. Lee	1351 A STREET NE	Washington, DC 20002
VP	Kristin M. May	1801 CLYDESDALE PL NW	Washington, DC 20009
	REINSTATEMENT RH		

10. E-mail Address: kmay@americanrivers.org
(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., 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.

SIGNATURE: William P. Lee 3/5/10 202-347-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #