

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV -3 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002153

1. Corporation Name

RIVERWALK TRANSPORT SERVICES, INC.

Principal Place of Business

2027 SW 15 AVE  
CAPE CORAL FL 33991  
US

Mailing Address

2027 SW 15 AVE  
CAPE CORAL FL 33991  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12460 Panasoffkee Dr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12460 Panasoffkee Dr.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1993

5. FEI Number

65-0378853

Applied For

Not Applicable

City & State  
N. Ft Myers FL

City & State  
N. Ft Myers

Zip 33903 Country Lee

Zip 33903 Country Lee

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BONNETTE, HARRIS L	2027 SW 15 AVE	CAPE CORAL FL 33991

400002339134-1

-11/05/97-01084-010

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BONNETTE, HARRIS L  
2027 SW 15 AVE  
CAPE CORAL FL 33991

9. Name and Address of New Registered Agent

Name Harris Bonnette  
Street Address (P.O. Box Number is Not Acceptable)  
12460 Panasoffkee Dr.  
Suite, Apt. #, Etc.

City N. Ft Myers

State FL

Zip Code 33903

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Harris Bonnette

REGISTERED AGENT MUST SIGN

Date

11/27/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(l), 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:

Harris Bonnette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/97 939-2883

Daytime Phone #

CR2040 (8/97)