PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-97 REINSTATEMENT

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

APPROVED AND FILED
97 NOV 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043843

1. Corporation Name

DAY BY THE RIVER INC.

REINSTATEMENT 95-97 10/14/97

Principal Place of Business	Mailing Address
2750 N. 29th Avenue #211 Hollywood, FL 33020	SAME

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/18/93

5. FEI Number: 65-0448601 ☐ Applied For ☐ Not Applicable

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	Mr. Reis BARON	2750 N.29th Avenue #211	Hollywood, FL 33020
S/T	Patrick McDonnell	2750 N. 29th Ave. #211	Hollywood, FL 33020
VP	Jason Rabineau	2750 N. 29th Ave. #211	Hollywood, FL 33020
VP	David Brockway	2750 N. 29th Ave. #211	Hollywood, FL 33020
VP	Edward Lahey	2750 N. 29th Ave. #211	Hollywood, FL 33020
VP	Walt Austin	2750 N. 29th Ave. #211	Hollywood, FL 33020

8. Name and Address of Current Registered Agent

Law Offices of Steven Gareliek, P.A.
7000 W. Palmetto Park Road #400
Boca Raton, FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

200002350482--0
-11/18/97--01054--006
***1080.00 ***1080.00

CR2E040 (1-95)

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 _____ (REGISTERED AGENT MUST SIGN) Date NOV. 5. 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [XX] 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)(i), 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: X _____ REIS BARON NOV. 5. 97 (954) 929 8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #