

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000081357	
1. Entity Name RIVER VENTURES, INCORPORATED	

FILED

04 NOV 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152004 REIN-P CR2E098 (6/04)

Principal Place of Business 201 N FIRST STREET PALATKA, FL 32177 US	Mailing Address 201 N FIRST STREET PALATKA, FL 32177 US
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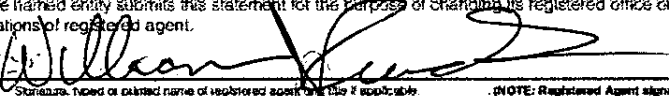
2. Principal Place of Business 1720 Lambert Ave Suite, Apt. #, etc.	3. Mailing Address 1720 Lambert Ave Suite, Apt. #, etc.
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City & State FLAGLER BEACH FL	City & State FLAGLER BEACH FL
Zip 32136	Country US
Zip 32136	Country US

4. FEI Number 59-3277626	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

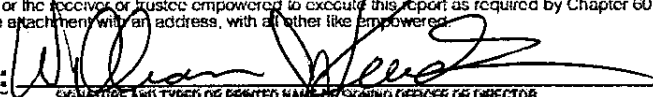
6. Name and Address of Current Registered Agent REVELS, WILLIAM J 9000 COWPEN BRANCH RD HASTINGS, FL 32145

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 familiar with, and accept the obligations of registered agent. SIGNATURE:  Signature, typed or printed name of registered agent on this form if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 11-15-4
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME REVELS, WILLIAM J STREET ADDRESS 9000 COWPEN BRANCH RD CITY-ST-ZIP HASTINGS, FL 32145	☐ Delete	TITLE ST NAME REVELS, CONNIE C STREET ADDRESS 9000 COWPEN BRANCH RD CITY-ST-ZIP HASTINGS, FL	☒ Change ☐ Addition
TITLE VP NAME SIMPSON, DANA D STREET ADDRESS 280 RIVER DRIVE CITY-ST-ZIP EAST PALATKA, FL 32131	☐ Delete	TITLE VP NAME SIMPSON, DANA D STREET ADDRESS 280 RIVER DRIVE CITY-ST-ZIP EAST PALATKA, FL 32131	☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11-15-4	DAYTIME PHONE # 386 439 5491
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