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

Principal Place of Business	Mailing Address
201 N FIRST STREET PALATKA, FL 32177 US	201 N FIRST STREET PALATKA, FL 32177 US

11152004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1720 Lambert Ave	1720 LAMBERT Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FLAGLER Beach FL	City & State: FLAGLER Beach FL
Zip: 32136 Country: US	Zip: 32136 Country:

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

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: William Revels 11-15-4

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REVELS, WILLIAM J 9000 COWPEN BRANCH RD HASTINGS, FL 32145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1720 LAMBERT AVE FLAGLER BEACH FL 32136
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REVELS, CONNIE C 9000 COWPEN BRANCH RD HASTINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1720 LAMBERT AVE FLAGLER BEACH FL 32136
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIMPSON, DANA D 260 RIVER DRIVE EAST PALATKA, FL 32131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300042871133 11/18/04--01051--001 **150.00
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 11/24
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: William Revels 11-15-4 386 439 5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #