

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087109

1. Corporation Name

DEEDCO RIVER OAKS, INC.

Principal Place of Business

C/O DADE EMPLOYMENT & ECONOMIC DEV  
141 NE 3 AVE SUITE 500  
MIAMI FL 33132

Mailing Address

C/O DADE EMPLOYMENT & ECONOMIC DEV  
141 NE 3 AVE SUITE 500  
MIAMI FL 33132



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

2. New Principal Office Address, If Applicable

105 S.E. 12 Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

105 S.E. 12 Avenue

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1994

5. FEI Number

65-0665102

Applied For

Not Applicable

City & State

Homestead FL

Zip

33030

Country

USA

City & State

Homestead FL

Zip

33030

Country

USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	VICKERS, MILTON D	141 NE 3 AVE SUITE 500	MIAMI FL 33132
D	WILLIAMS, LILLIE M	1180 NW 50 STREET	MIAMI FL
		8000009690328 05/06/03--01085--014 **150.00	
		8000009690328 12/26/02--01037--006 **750.00	

8. Name and Address of Current Registered Agent

WOLFE, LEON J  
C/O BERMAN WOLFE & RENNERT, P.A.  
100 SE 2ND ST 38TH FLOOR  
MIAMI FL 33131-2130

9. Name and Address of New Registered Agent

Name

REGISTERED AGENTS OF FLORIDA

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

100 SE SECOND ST.

Suite, Apt. #, Etc.

#8400

City

Miami

State

FL

Zip Code

33131

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Charles B. Smith*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

*Milton P. Vickers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/02 (305) 242-8866  
Date Daytime Phone #

CR2E040 (8/02)