

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000088798**

1. Corporation Name

RIVERSIDE INDUSTRIES, INC

2. Principal Office Address

5041 THYME DR.

Suite, Apt. #, etc.

3. Mailing Office Address

5041 THYME DR

Suite, Apt. #, etc.

City & State

PALEMBACH GARDENS, FL

Zip

33418

Country

USA

City & State

PALEMBACH GARDENS, FL

Zip

33418

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/94

5. FEI Number

65-0556415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

KENNETH R COLEMAN

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

5041 THYME DR

Suite, Apt. #, Etc.

City

PALEMBACH GARDENS

State

FL

Zip Code

33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth R Coleman
REGISTERED AGENT MUST SIGN

Date

1/27/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/D	KENNETH R COLEMAN	5041 THYME DR.	PALEMBACH GARDENS, FL 33418
VP	CAROL COLEMAN	5041 THYME DR	PALEMBACH GARDENS, FL 33418
T	CAROL COLEMAN	" " "	" " " "
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10. 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:

Kenneth R Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/00 (901) 626-6726
Daytime Phone #