

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000039957

1. Corporation Name

RIVERWEST VENTURES, INC.

FILED

98 FEB -6 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1901 S. HARBOR CITY BLVD.  
SUITE 501  
MELBOURNE FL 32901

Mailing Address

1901 S. HARBOR CITY BLVD.  
SUITE 501  
MELBOURNE FL 32901

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

4811 Thornwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Acworth, GA

Zip

Country

Zip

30102

Country

USA

REINSTATEMENT

91-98

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1995

5. FEI Number

56-1440384

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
D	MULLINS, J. DOUGLASS	1901 S. HARBOR CITY BLVD., #501	MELBOURNE FL 32901

000002432230--7

-02/17/98--01007--006

\*\*\*900.00 \*\*\*900.00

JB  
29-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

JENNIFER F AULTMAN  
ASSISTANT SECRETARY

2-4-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/98

Date

407-262-7750

Daytime Phone #

CR2ED40 (8/97)