

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUL 26 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044663

1. Corporation Name

2135 Riverside Investors, Inc.

2. Principal Office Address

2151 Riverside Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

3. Mailing Office Address

2151 Riverside Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1995

5. FEI Number

59-3328736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99-02

7. Name and Address of Current Registered Agent

Name

W. Robinson Frazier

800006845578--3

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

1515 Riverside Ave., Ste. A

-08/01/02--0101--020

***1200.00 ***1200.00

Suite, Apt. #, Etc.

Suite A

City

Jacksonville

State

FL

Zip Code

32204

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

W. Robinson Frazier

REGISTERED AGENT MUST SIGN

Date 7/24/2002

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
PD	Paulo Monteiro	2151 Riverside Ave.	Jacksonville FL 32204
VPD	John C. Hawkins, III	2151 Riverside Ave.	Jacksonville FL 32204
VPD	J. Garcia-Bengochea	2151 Riverside Ave.	Jacksonville FL 32204
S	Anne Reid Hawkins	2151 Riverside Ave.	Jacksonville FL 32204

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:

Paulo Monteiro

Paulo Monteiro

07/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/2/02