

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

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500004053**

1. Corporation Name **RIVERVIEW CHARLIE'S INC.**

2. Principal Office Address

**101 FLAGLER AVE.**

Suite, Apt. #, etc.

**N/A**

3. Mailing Office Address

**101 FLAGLER AVE.**

Suite, Apt. #, etc.

**N/A**

City & State

**NEW SMYRNA BEACH**

City & State

**NEW SMYRNA BEACH**

Zip

**32169**

Country

**U.S.A.**

Zip

**32169**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/18/95**

5. FEI Number

**59-3333916**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**MARSELO I. PSOMAS**

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

**101 FLAGLER AVENUE**

Suite, Apt. #, Etc.

**400003415684**

**-10/05/00-01107-**

**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

City

**NEW SMYRNA BEACH**

State

**FL**

Zip Code

**32169**

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

**M. I. Psomas**

REGISTERED AGENT MUST SIGN

Date

**9/26/00**

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
	<b>MARSELO I. PSOMAS</b>	<b>101 FLAGLER AVE. / D</b>	<b>FL 32169 NEW SMYRNA BEACH</b>

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARSELO I. PSOMAS**

**PRES.**

Date

**9/26/00**

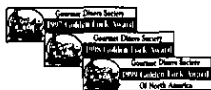
Daytime Phone #

**(904) 427-4996**

CR2E001 (9/99)



*"Spectacular Dining on the Banks of the Intracoastal..."*



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SEPTEMBER 26, 2000

MS. STACEY PRATHER  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

DEAR MRS PRATHER;

AS PER OUR PHONE CONVERSATION ON TUESDAY SEPTEMBER 26, 2000 I AM RESPECTFULLY REQUESTING THE ABATEMENT OF PENALTIES AND LATE FEES ON OUR CORPORATION APPLICATION REINSTATEMENT ON THE BASIS OF NOT RECEIVING IN THE MAIL OR ANY OF THE APPLICATION NOTICES.

IN MY CONVERSATION WITH YOU, YOU INDICATED TO ME THE ADDRESS THE DIVISION USED TO MAIL ALL COMMUNICATIONS WAS 2004 N. DIXIE FREEWAY, NEW SMYRNA BEACH, FL 32168.

OUR PHYSICAL ADDRESS IS 101 FLAGLER AVENUE, NEW SMYRNA BEACH, FLA 32169 FOR OVER 18 MONTHS NOW.

I THANK YOU VERY MUCH IN ADVANCE FOR YOUR TIME AND YOUR CONSIDERATION OF THIS MATTER.

SINCERELY

MARSELO I. PSOMAS  
RIVERVIEW CHARLIE'S, INC.