

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 3:34

DOCUMENT # P95000077466

1. Corporation Name

RIVER OAKS CENTER, INC.

Principal Place of Business

Mailing Address

3333 SOUTH EAST ST. LUCIE BOULEVARD
STUART FL 34997

3333 SOUTH EAST ST. LUCIE BOULEVARD
STUART FL 34997



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0630132

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SUITS, IRENE M	3333 SOUTH EAST ST. LUCIE BOULEV	STUART FL 34997
D	SUITS, THOMAS C	3333 SOUTH EAST ST. LUCIE BOULEV	STUART FL 34997
			400004711144--4
			-12/06/01--01026--012
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUITS, IRENE M
3333 SOUTH EAST ST. LUCIE BOULEVARD
STUART FL 34997

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Nov. 2, 2001

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 2, 2001

Daytime Phone #

Florida Dept. of State
Re: River Oaks Center, Inc.

Dear Madam or Sir,

A previous notice for payment was never received. As per your phone instructions enclosed please find a check for payment of \$150.00 due to non-receipt of the previous uniform business report.
Also enclosed please find the application for reinstatement.

Thank you very much,



Thomas C. Suits