

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 JAN -3 PM 4:25

REINSTATEMENT
CR2E081 (11/10)

02-11

DOCUMENT # P95000077466

1. Corporation Name

River Oaks Center, Inc.

2. Principal Office Address - No P.O. Box #
401 East Osceola Street

Suite, Apt. #, etc.
201

City & State
Stuart, FL

Zip
34994

Country
USA

3. Mailing Office Address
401 East Osceola Street

Suite, Apt. #, etc.
201

City & State
Stuart, FL

Zip
34994

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/3/1995

5. FEI Number
650630132

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Irene M. Suits

Street Address (P.O. Box Number is Not Acceptable)
3333 South East St. Lucie Boulevard

Suite, Apt. #, Etc.

City
Stuart

State Zip Code
FL 34997

WN-63206

900215376929
01/03/12--01042--002 **150.00

900215376929
12/20/11--01031--001 **1950.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-27-11

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
D	Irene M. Suits	3333 SE St. Lucie Blvd.	Stuart, FL 34997
D	Thomas C. Suits	3333 SE St. Lucie Blvd.	Stuart, FL 34997

10. E-mail Address: isuits@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-11

Date

772-220-9871

Daytime Phone #

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