PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUN 10 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085115

1. Corporation Name

MOORE HAVEN RIVER GARDENS, INC.

Principal Place of Business	Mailing Address
900 Riverside Rd. Moore Haven FL 33471	PO Box 25286 Tempe, AZ 85285-5286

REINSTATEMENT 97-98 AR

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
900 Riverside Road	PO Box 25286
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Moore Haven, FL	City & State: Tempe, AZ
Zip: 33471 Country: Glades	Zip: 85285-5286 Country: Maricopa

4. Date Incorporated or Qualified To Do Business in Florida: 11-6-95

5. FEI Number: 93-1198541 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Martin Gerst	2800 S. Rural Road	Tempe, AZ 85282
V.P.	Bradley Edson	2800 S. Rural Road	Tempe, AZ 85282

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-06/16/98--01094--014
****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Capital Corporate Services, Inc. 633 Timberlane Road Tallahassee, FL 32312	Name: Ralph C. Datillo Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe Street Suite, Apt. #, Etc.: Suite #400 City: Tallahassee State: FL Zip Code: 32301

CR2E040 (1/98)

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: Ralph C Datillo
REGISTERED AGENT MUST SIGN

Date: 6-10-98

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: Bradley D. Edson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-98
Date

(602)731-9011
Daytime Phone #

BRADLEY D. EDSON