

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV 18 PM 1:25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048558

1. Corporation Name

RIVER CITY BUILDERS INC.

2. Principal Office Address

1433 Romney St

Suite, Apt. #, etc.

Unit 1

City & State

JACKSONVILLE

Zip

32211

Country

DUVAL

3. Mailing Office Address

6816 Camelot RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

Zip

32211

Country

DUVAL

700024772257
11/18/03--01005--001 \$250.00

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/86

5. FEI Number

59-3382422

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

RUSSELL FRANKLIN MATTHEWS

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

6816 Camelot RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32211

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]

Date 10/14/03

REGISTERED AGENT MUST SIGN

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
PRES	RUSSELL F. MATTHEWS	6816 Camelot RD	JACKSONVILLE FLA 322
VP	ALAN K. MATTHEWS	2942 CHARME CT.	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03

Date

904 759 9016

Daytime Phone #

CR2E081 (10/02)