

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB -7 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000094968**

1. Corporation Name

NORTH RIVER HOLDINGS, INC.

700012304277
02/11/03--01011--020 **900.00

2. Principal Office Address

1680 FRUITVILLE RD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

USA

3. Mailing Office Address

46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

SUITE 1

City & State

SARASOTA, FL

Zip

34236

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/96

5. FEI Number

65-0717653

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

JOHN PATTERSON

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

46 N. WASHINGTON BLVD.,

Suite, Apt. #, Etc.

SUITE 1

City

SARASOTA

State

FL

Zip Code

34236

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

John Patterson

REGISTERED AGENT MUST SIGN

Date **2/6/03**

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,P,S,T	DONALD FARR	1680 FRUITVILLE ROAD	SARASOTA, FL 34236

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD FARR, President

Date

Daytime Phone #

(941) 951-2622

CR2E081 (10/02)

2/6/03