

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000028897

1. Entity Name
RIVERSIDE GULF COAST BANKING COMPANY



FILED

08 OCT 27 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
521 DEL PRADO BLVD S.
CAPE CORAL, FL 33990-2618

Mailing Address
521 DEL PRADO BLVD S.
CAPE CORAL, FL 33990-2618

2. Principal Place of Business - No P.O. Box #
2107 SANTA BARBARA BLVD
Suite, Apt. #, etc.

3. Mailing Address
2107 SANTA BARBARA BLVD
Suite, Apt. #, etc.



10142008 REIN-P CR2E098 (1/07)

City & State
CAPE CORAL, FL
Zip 33991 Country USA

City & State
CAPE CORAL FL
Zip 33991 Country USA

4. FEI Number
65-0713029
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, JANICE
3405 HANCOCK BRIDGE PARKWAY
N. FT. MYERS, FL 33903

7. Name and Address of New Registered Agent

Name
TIFFANY GOFF
Street Address (P.O. Box Number is Not Acceptable)
2107 SANTA BARBARA BLVD
City CAPE CORAL FL Zip Code 33991

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tiffany Goff 10/16/2008
Signature, typed or printed name of registered agent, any title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORAN, JOHN D	
STREET ADDRESS	521 DEL PRADO BLVD S.	
CITY - ST - ZIP	CAPE CORAL, FL 339902618	
TITLE	D	<input type="checkbox"/> Delete
NAME	TABOR, ELMER W	
STREET ADDRESS	521 DEL PRADO BLVD S.	
CITY - ST - ZIP	CAPE CORAL, FL 339902618	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFFALA, DENNIS C	
STREET ADDRESS	521 DEL PRADO BLVD S.	
CITY - ST - ZIP	CAPE CORAL, FL 339902618	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILES, THOMAS H	
STREET ADDRESS	521 DEL PRADO BLVD S.	
CITY - ST - ZIP	CAPE CORAL, FL 339902618	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRABER, RANDY E	
STREET ADDRESS	521 DEL PRADO BLVD S.	
CITY - ST - ZIP	CAPE CORAL, FL 339902618	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, EDGAR A	
STREET ADDRESS	521 DEL PRADO BLVD S.	
CITY - ST - ZIP	CAPE CORAL, FL 339902618	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10/21/08--01022--019 **150.00
STREET ADDRESS	200137131832
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/08 (239) 242-2944
Date Daytime Phone #

10/27/08