

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 MAR 20 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000064190

**1. Corporation Name**

Riverview Apartments G.P., Inc.

**2. Principal Office Address**

3320 North Key Drive

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip

Country

**3. Mailing Office Address**

24500 Chagrin Blvd.

Suite, Apt. #, etc.

340

City & State

Beachwood, Ohio

Zip

Country

44122

Cuyahoga

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/24/97

**5. FEI Number**

59-3458758

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

William B. Risman

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

501 116th Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33716

**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

Date **March 15, 2002**

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
CSD	William B. Risman	24500 Chagrin Blvd. #200	Beachwood, Ohio 44122
PTD	Robert G. Risman	24500 Chagrin Blvd. #200	Beachwood, Ohio 44122
VPD	Robert R. Risman	24500 Chagrin Blvd. #200	Beachwood, Ohio 44122

**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)(l), 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:**

William B. Risman

3/15/02 (216) 464-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**RIVERVIEW APARTMENTS G.P. INC.**

24500 Chagrin Boulevard, Suite 200  
Beachwood, Ohio 44122  
(216) 464-5130 - FAX (216) 360-0799

March 15, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Via Priority Mail**

**Re: Corporation Reinstatement**

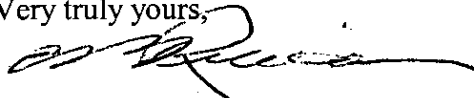
Ladies/Gentlemen:

Enclosed is the Corporation Reinstatement for Riverview Apartments G.P., Inc.

I am at this time requesting that the reinstatement fee be waived as we did not receive the Annual Report that was to be filed with your office. Therefore, resulting in an Administrative Dissolution. Prior to this, we have filed all our reports in a timely manner.

Also enclosed is a check in the amount of \$300.00 which includes filing fees for 2001 and 2002.

Very truly yours,



William B. Risman  
Chairman of the Board

WBR/dm  
Enclosures