PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM. UF 2		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SEURETARY OF STATE APPISION OF CORPORATIONS		
DOCUMENT # P9700000	01 JAN 25 PM 2:48 2000036232328 -02/01/0101084013 ****900.00 ****900.00 2000036232328 -02/01/0101084014			
2. Principal Office Address 41 S. 6th Street Suite, Apt. #, etc.	3. Mailing Office Address 239 Reddick Loop Suite, Apt. #, etc. City & State	*****150.00 *****150.00 REINSTATEMENT 99-01 4. Date Incorporated or Qualified To Do Business in Florida 8-11-97		
DeFuniak Springs, FL Zip Country 32435	Bruce, FL Zip Country 32455	5. FEI Number 59-3472616 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requires for a Certificate of Status		
Committee Section Control of Cont	7. Name and Address of Current Register	red Agent		
Street Address (P.O. Box Number is	n_J.MAdkinson Not Acceptable) oth Street			

	Deruniak Sprin	<u>gs '`` </u>		_32433		
8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 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		
-P	Lonnie Warren ,	350 Cross Plains Hulett	Carr	ollton, GA 30016		
V/ST	Alton Reddick	239 Reddick Loop		e, FL_32455		
		·				

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 filling 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:

City

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DeFuniak Springs. 👆

Date

State

FL

Zip Code

Daytime Phone #

STATE OF FLORIDA COUNTY OF WALTON

AFFIDAVIT

- I, John Andrew Coleman, a/k/a Andy Coleman, as initial incorporator of Riverbend Trading Co. Inc., hereby certify that:
 - 1. I am the initial and only incorporator of Riverbend Trading Co., Inc.
- 2. On December 26, 2000, Articles of Dissolution were filed with the Florida Department of State for the purpose of dissolving the corporation known as Riverbend Trading Co., Inc.
- 3. I do not intend to revoke the Articles of Dissolution for Riverbend Trading Co., Inc., at any time, now or in the future.

Dated this 19 day of January, 2001.

Signed in the Presence of:

| Lyla Campbell | John Andrew Coleman, a/k/a |
| Andy Coleman | Witness | Andy Coleman |

State of Florida County of Walton

The foregoing instrument was acknowledged before me this the day of the day o



assandra Hellingevorth Notary Public

Print: Cassandra Hollingsworth My Commission Exp.: 1-25-2001