PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -5 AM 10: 38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000006927

Corporation Name

Riverside One Capital Partners, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
328 2nd Avenue N.	328 2nd Avenue N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Jacksonville Beach, FL	Jacksonville Beach, FL

Zip	Country	Zip	Country
32250	USA	32250	USA

4. Date Incorporated or Qualified To Do Business in Florida 1/22/98

5. FEI Number 31-1590114   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
Andrew M. Howe

Street Address (P.O. Box Number is Not Acceptable)
328 2nd Avenue. N.

Suite, Apt., Etc.

City
Jacksonville Beach   State FL   Zip Code 32250

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0000277 10200
01/28/04--01021--003  **750 00

0000277 10200
02/06/04--01022--006  **150 00
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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 _____   REGISTERED AGENT MUST SIGN   Date 1/14/04

CR2E081 (10/02)

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	Howe, Andrew M.	328 2nd Avenue. N.	Jacksonville, FL 32250
D	Walko, Lee S.	75 East Market St.	AKRON, OH 44308
D	Helline, John D II	4530 Butterbridge Rd N	Lawrence, OH 44666

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: _____   1/14/04   904-270-0270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #