

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 18 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000015045

**1. Corporation Name**

Rivanna Eleven, Inc.

**2. Principal Office Address**

450 S. Orange Avenue

**3. Mailing Office Address**

P. O. Box 1171

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

Country

US

Zip

32802

Country

US

**REINSTATEMENT** 01-04

**4. Date Incorporated or Qualified**

To Do Business in Florida February 16, 1998

**5. FEI Number**

57-1071763

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

CFRA, LLC

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

4221 W. Boy Scout Blvd.

Suite, Apt. #, Etc.

Corporate Center Three at International Plaza

City

Tampa

State

FL

Zip Code

33607-7000

**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

CFRA, LLC by:

Date

11/17/04

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,D	James P. Fitzgerald Jr.	450 S. Orange Avenue, Suite 500	Orlando, Florida 32801
			700043095667
			12/01/04--01016--020 ***608.75

**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:**

James P. Fitzgerald Jr.

11/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

803-788-0686

CR2E081 (01/04)