

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028353

1. Corporation Name

SOUTH RIVER CORP.

Principal Place of Business

Mailing Address

8085 N.W. 50th Street
Medley, FL 33166

999 Ponce de Leon Boulevard
Suite 720
Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1998

5. FEI Number

65-0838507

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75* Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/S	BELINSKY, STEVEN A.	726 Paradiso Avenue	Coral Gables, FL 33146
D/P	BELINSKY, CLARA	726 Paradiso Avenue	Coral Gables, FL 33146
D/VP	AYA, LUIS E.	9433 Bay Drive	Surfside, FL 33154

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***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARRERAS, RAUL JR.
999 Ponce de Leon Boulevard
Suite 720
Coral Gables, FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Raul Carreras Jr.

REGISTERED AGENT MUST SIGN

Date March 20, 2000

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: *Clara Belinsky* CLARA BELINSKY, President

March 20, 2000 (305) 884-8612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (12/96)