

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 16 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000028497**

1. Corporation Name

RIVERWOOD RV VILLAGE INC

2. Principal Office Address

PO Box 365

Suite, Apt. #, etc.

City & State

GEORGETOWN FL

Zip

32139-0365

Country

USA

3. Mailing Office Address

PO Box 365

Suite, Apt. #, etc.

City & State

GEORGETOWN FL

Zip

32139-0365

Country

USA

REINSTATEMENT 99-00

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

3-24-98

5. FEI Number

59-3502263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ELIZABETH P. GREEN

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

245 NORTH LAKE DRIVE

Suite, Apt. #, Etc.

City

GEORGETOWN

State

FL

Zip Code

32139

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

Elizabeth P. Green

REGISTERED AGENT MUST SIGN

Date **2-12-2000**

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
Pres	BILL D HALL	178 PALM DRIVE	GEORGETOWN FL 32139
V-Pres	LUCINDA W HALL	178 PALM DRIVE	GEORGETOWN FL 32139
Sec	PAUL J GREEN	245 NORTH LAKE DRIVE	GEORGETOWN FL 32139
Treas	ELIZABETH P GREEN	245 NORTH LAKE DRIVE	GEORGETOWN FL 32139

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:

Elizabeth P. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-12-00

Daytime Phone #

(904) 467-3477

CR2E081 (9/99)