

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062337

1. Corporation Name

RIVERVIEW ENTERPRISES, INC.

Principal Place of Business

%LUSK, DRASITES & TOLISANO, P.A.
202 DELPRADO BLVD.
CAPE CORAL FL 33990

Mailing Address

%LUSK, DRASITES & TOLISANO, P.A.
202 DELPRADO BLVD.
CAPE CORAL FL 33990

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1998

5. FEI Number

NOT-APPLICABLE

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 3	City / State / Zip 4
PD	MEZZENGA, MICHAEL	968 COUNTY RD I	SAINT PAUL MN 55126
VSTD	HOUCK, TOM	1133 ROSELAWN	ST. PAUL MN 55113

100024391301
11/03/03-01108-020 **150.00

8. Name and Address of Current Registered Agent

MEZZENSA, MICHAEL
5332 BAYVIEW CT
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

Mezzenga, Michael

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

5376 Delano Ct

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael Mezzenga

REGISTERED AGENT MUST SIGN

Date 10-29-03

11. 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:

Michael Mezzenga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03 651-488-8933

Date

Daytime Phone #

CR2E040 (7/03)

Riverview Enterprises, Inc.

1133 Roselawn Ave.
St. Paul, MN. 55113

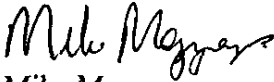
10-29-03

Dear Sir/Madam,

We just became aware that our corporation status was revoked. We are very sorry for this situation and would like to pay the file fee of \$150. to correct this problem. We don't know how this occurred. We didn't get any of the notices from you regarding the late filing or we certainly would have sent it in right of way. Our attorney, Lusk Drasites & Tolisano also said they didn't receive any notice of this either.

I hope this explanation and check will correct our situation. Thank you for your consideration on this and if you have any questions, please feel free to call me at 651-488-8933. Again, thank you.

Sincerely,



Mike Mezzenga

RIVERVIEW ENTERPRISES, INC.

RECEIVED
10/30/03