

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 20 PM 3:03

**DOCUMENT #** P98000107586

**1. Corporation Name**

RIVER CITY OPRY, INC.

**2. Principal Office Address**

**3. Mailing Office Address**

8159 Arlington Expressway

8159 Arlington Expressway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

Zip

Country

Zip

Country

32211

USA

32211

USA

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

12/24/1998

**5. FEI Number**

59-3549476

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

Leslie Rovero

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

13703 Richmond Park Drive North, Apt. #3009

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32244

**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

Date 7-27-01

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	Leslie Rovero	13703 Richmond Park Drive N Apt. #3009 Lane	Jacksonville, FL 32244
VP	Greg Mann	1728 Broken Bow Drive	Jacksonville, FL 32225
T	Leslie Rovero	13703 Richmond Park Drive N. Apt. #3009	Jacksonville, FL 32224

**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:**

(904) 389-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN, G OFFICER / DIRECTOR

Date

Daytime Phone #