

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000839

1. Corporation Name

RIVER BRIX, INC.

4776 Old Dixie Highway
P. O. Box 716

2. Principal Office Address

4776 Old Dixie Highway

3. Mailing Office Address

P. O. Box 716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32967

Country

USA

Zip

32961

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/04/1999

5. FEI Number

65-0885969

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

Lucille F. Goff

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

4776 Old Dixie Highway

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32967

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/13/04

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
D,P,S,1	Elson R. Smith, III	1766 Coral Way South	Vero Beach, FL 32963

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/04

Date

772-567-3421

Daytime Phone #

CR2E081 (01/04)

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RIVER BRIX, INC.
4776 Old Dixie Highway
Vero Beach, FL 32967
(P. O. Box 716, Vero Beach, FL 32961)
Telephone: 772-567-3421

October 13, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: River Brix, Inc. - Document No. P99000000839

Ladies/Gentlemen:

Enclosed please find our Application for Reinstatement and check for \$600.00 payable to Department of State. We have not received notices for the annual report since 2000 as our address changed that year. It is our understanding that since our address changed and we did not receive the notices, we are entitled to a waiver of the additional \$600.00 penalty and are being charged \$150.00 per year from and including the year 2001 (the year of involuntary dissolution) for a total of \$600.00.

Thank you for your attention to this matter and should you require anything further, please feel free to contact me.

Sincerely yours,



Elson R. Smith, III
President