

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 15 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001144

1. Corporation Name

RIVERS EDGE RETIREMENT HOME, INC.

Principal Place of Business

Mailing Address

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

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

2. New Principal Office Address, If Applicable

97 W. North Shore Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

97 W. North Shore Ave.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1999

5. FEI Number

65-0886795

Applied For

Not Applicable

City & State

North Fort Myers, FL

Zip
33903

Country

USA

City & State

North Fort Myers, FL

Zip
33903

Country

USA

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	JOHNSON, BRENDA S	1318 LAFAYETTE STREET 97 W. North Shore Ave.	CAPE CORAL FL 33904 North Fort Myers, FL 33903
			600003487796--3
			-12/05/00--01071--014
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Brenda S. Johnson

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

97 W. North Shore Avenue

Suite, Apt. #, Etc.

City

North Fort Myers

State

FL

Zip Code

33903

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

B. Johnson

REGISTERED AGENT MUST SIGN

Date *10-30-00*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-00 (941) 995-8434

Daytime Phone #