

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P99000006189**

1. Corporation Name

**RIVERSIDE RESTAURANT, INC.**

Principal Place of Business

142 BEECHERS POINT DRIVE  
WELAKA F: 32193

Mailing Address

P.O. BOX 429  
WELAKA FL 32193

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

01/21/1999

5. FEI Number

59-3662789  
APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MINTON, KATHRYN S	P.O BOX 429	WELAKA F: 32193
D	MINTON, JAMES G MINTON, JAMES G	P.O. BOX 429	WELAKA F: 32193 600004679256-4 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PADGETT, JAMES L P.A  
10 CENTRAL AVE  
CRESCENT CITY FL 32112

9. Name and Address of New Registered Agent

Name  
**James L. Padgett, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3 N. Summit Street**  
Suite, Apt. #, Etc.  
City  
**Crescent City** State  
**FL** Zip Code  
**32112**

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

REGISTERED AGENT MUST SIGN

Date **10/18/01**

11. I certify that I am an officer or director of 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

Daytime Phone #