

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -2 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022739

1. Corporation Name

SAINT RIVER COMPANY OF NORTH FLORIDA, INC

2. Principal Office Address

1630 AVOCA PLACE

Suite, Apt. #, etc.

City & State -

JACKSONVILLE, FL

Zip

32207

Country

USA

3. Mailing Office Address

1630 AVOCA PLACE

Suite, Apt. #, etc.

City & State -

JACKSONVILLE, FL

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-11-1999

5. FEI Number

20-1272776

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

800038655268

07/02/04--01070--010 **\$600.00

7. Name and Address of Current Registered Agent

Name

JAMES E. KLEMENT

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

1630 AVOCA PLACE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

6/30/04

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
D	JAMES E. KLEMENT	1630 AVOCA PLACE	JACKSONVILLE, FL 32207

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)(l), 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

6/30/04

Daytime Phone #

CR2E081 (01/04)

85 292

TAX ADVANTAGE

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

June 30, 2004

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Saint River Company of North Florida, Inc. –
2001, 2002, 2003 & 2004 Uniform Business Report
Document #: P99000022739

Dear Sir or Madam:

Please find the enclosed Check for \$600.00 for the above referenced Corporation's 2001, 2002, 2003 and 2004 Uniform Business Reports. Due to an address change, the Taxpayer never received the 2001 or subsequent annual reports. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:
Check for \$600.00