


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

FILED

04 MAY -7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000039717			
1. Corporation Name NORTH RIVER PUB & SUB, INC.			
2. Principal Office Address 304 7th Street West Suite, Apt. #, etc. Palmetto, FL 34221		3. Mailing Office Address 304 7th Street West Suite, Apt. #, etc. Palmetto, FL 34221	
City & State Palmetto, FL 34221		City & State Palmetto, FL 34221	
Zip 34221	Country	Zip 34221	Country
4. Date Incorporated or Qualified To Do Business in Florida 04/28/1999		5. FEI Number 650918421	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name ANTHONY D. DIGIOVANNI			
Street Address (P.O. Box Number is Not Acceptable) 304 7th Street West			
Suite, Apt. #, Etc.			
City Palmetto		State FL	Zip Code 34221
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 <i>Anthony D. Digiovanni</i>		Date 04/30/04	
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
PD	ANTHONY D. DIGIOVANNI	304 7th Street West	Palmetto, FL 34221
VSTD	JAYNE E. DIGIOVANNI	304 7th Street West	Palmetto, FL 34221
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: <i>Jayne E. Digiovanni</i>		Date 04/30/04	Daytime Phone # 941 720-2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/04)

Payer

NORTH RIVER PUB & SUB, INC.

304 7th Street West

Palmetto, FL 34221

April 30, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: North River Pub & Sub, Inc.

Dear Folks:

Enclosed herewith is my application for Reinstatement of the above Corporation, together with my check in the amount of \$600.00.

This Corporation, or its officers, have not received Uniform Business Report (UBR) forms since the year 2000 and therefore have not filed for years 2001, 2002, 2003 and 2004.

I would appreciate your waiving any reinstatement fees due with respect to this Corporations. Your considerations in this matter will be greatly appreciated.

Sincerely yours,

NORTH RIVER PUB & SUB, INC.

BY: 