

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P99000110564**

1. Corporation Name

**RIVERSEDGE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

C/O 450 S.W. 5 AVE.  
FT. LAUDERDALE FL 33315

C/O 450 S.W. 5 AVE.  
FT. LAUDERDALE FL 33315

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

2. New Principal Office Address, If Applicable

**448 SW 5 AVENUE**  
Suite, Apt. #, etc.  
**PORT LAUDERDALE, FL**  
City & State

3. New Mailing Office Address, If Applicable

**448 SW 5 AVENUE**  
Suite, Apt. #, etc.  
**PORT LAUDERDALE, FL**  
City & State

Zip **33315**

Country

Zip **33315**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/23/1999**

5. FEI Number

**65-0996155**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>P/D</b>	<b>PHILLIPS, JEFFREY</b>	<b>2700 N.W. 26TH AVE</b>	<b>BOCA RATON FL 33434</b>
<b>VP/D</b>	<b>PHILLIPS, LYNN</b>	<b>2700 NW 26 AVENUE</b>	<b>BOCA RATON, FL 33434</b>
			<b>700004694817--3</b> <b>-11/27/01--01038--007</b> <b>***2250.00 ***750.00</b>
			<b>REINSTATEMENT 01 18</b>

8. Name and Address of Current Registered Agent

**BLUMSTEIN, MARK I**  
**33 N.E. 2ND STREET**  
**SUITE 101**  
**FORT LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**11/14/01**

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:

**REGISTERED AGENT MUST SIGN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/14/01**

**(954) 779-7060**

CR2E040 (8/01)