PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR [illegible]

FLORIDA DEPARTMENT OF STATE
[illegible]
Secretary of State
DIVISION OF CORPORATIONS

200U082

FILED
00 OCT 20 PM 1:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000111937

1. Corporation Name

RIVER BEND OF COCOA BEACH, INC.

Principal Place of Business	Mailing Address
750 N. ATLANTIC AVENUE COCOA BEACH FL 32935	750 N. ATLANTIC AVENUE COCOA BEACH FL 32935

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/1999

5. FEI Number: [X] 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
PD	RINGDAHL, DANNY P	750 N. ATLANTIC AVENUE SUITE 120	COCOA BEACH FL 32935
VPD	LIEBERMAN, ARNOLD S	750 N. ATLANTIC AVENUE SUITE 120	COCOA BEACH FL 32935
SD	RINGDAHLN, JANET	750 N. ATLANTIC AVENUE SUITE 120	COCOA BEACH FL 32935

200003455272--7
-11/07/00--01072--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MOSLEY, CURTIS R 750 N. ATLANTIC AVENUE COCOA BEACH FL 32935	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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 X SIGNATURE REQUIRED Date 10/16/00

REGISTERED AGENT MUST SIGN

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.

KE
321-
783-
1373

SIGNATURE: SIGNATURE REQUIRED 10-16-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T.W. STOWE, C.P.A., P.A.

Certified Public Accountant

Phone:(321) 452-8020, Fax: (321) 453-5129, e-mail:twscpapa@aol.com
2460 North Courtenay Parkway, Suite 115
Merritt Island, Florida 32953-4104

October 13, 2000

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: River Bend of Cocoa Beach, Inc., P99000111937

Enclosed is a check for $150.00 in payment of the annual report. You will note that the Corporation was incorporated 12/30/99 and as a result Management did not believe there would be a renewal for a year. Management has two other corporations and both renewals were paid on a timely basis but there was no renewal form for River Bend until this notice of administration. $750 is a hardship to a new corporation organized only ten months ago.

For the above reasons please waive the additional charges and accept the payment of $150 in full payment. Please advise Management of your actions.

Thank you for you understanding.

Sincerely,

T.W. Stowe

Cc: Janet Ringdahl, River Bend of Cocoa Beach, Inc.