

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 MAY -1 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S030 89**

1. Corporation Name

**Riverside Golf Management Company**

2. Principal Office Address

**1535 The Greens Way**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

City & State

Zip

**32250**

Country

**U.S.A.**

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/1/90**

5. FEI Number

**59-3034694**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Robert M. Rhodes**

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

**1535 The Greens Way**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32250**

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

*Robert M. Rhodes*

Date

**4/19/00**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| PD     | Steven N. Melnyk                     | 1535 The Greens Way                               | Jacksonville, FL 32250 |
| ST     | Leslie C. Bowley                     | 1535 The Greens Way                               | Jacksonville, FL 32250 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-00**

Date

**904-273-1000**

Daytime Phone #



2012

ACCOUNT NO. : 072100000032

REFERENCE : 680720 9960A

AUTHORIZATION :

COST LIMIT :

*Patricia Pigato*  
\$ 908.75

ORDER DATE : May 1, 2000

ORDER TIME : 4:30 PM

ORDER NO. : 680720-005

CUSTOMER NO: 9960A

CUSTOMER: David H. Peek, Esq  
Peek, Cobb, Edwards & Ashton  
Suite 1609  
1301 Riverplace Boulevard  
Jacksonville, FL 32207

DOMESTIC FILINGS

NAME: RIVERSIDE GOLF MANAGEMENT  
COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

\*\*\*FILE 1ST\*\*\*

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
00 MAY - 1 PM 4:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA