

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 AUG -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **577886**

1. Corporation Name

**River's Edge RV Campground
INC**

2. Principal Office Address - No P.O. Box #

4001 Log Lake Rd

Suite, Apt. #, etc.

Holt, FL

City & State

Holt, FL

Zip

32564

Country

OKlausa

3. Mailing Office Address

P.O. Box 189

Suite, Apt. #, etc.

Holt FL

City & State

Holt FL

Zip

32564

Country

OKlausa

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9-5-91

5. FEI Number

59-3085603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph L Livingston

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

4001 Log Lake Rd

Suite, Apt. #, Etc

City

Holt

State

FL

Zip Code

32564

100262987511
08/05/14--01010--006 **3608.75

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

Joseph L Livingston

REGISTERED AGENT MUST SIGN

Date

7-31-14

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
P	Joseph L Livingston	4001 Log Lake Rd	Holt, FL 32564

10 E-mail Address: **River's Edge RV Camping & G-mail, Comm**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Joseph L Livingston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-14

Date

850-537-2267

Daytime Phone #

RE of 1/11