

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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DOCUMENT # S86593

1. Corporation Name

RIVER PLAZA PROPERTIES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

350 WEST FLAGLER STREET
MIAMI FL 33130

Mailing Address

350 WEST FLAGLER STREET
MIAMI FL 33130

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



REINSTATEMENT 1999

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1991

5. FEI Number

65-0294102

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
DPS	SWARTZ, PETER A	350 WEST FLAGLER ST.	MIAMI FL
Pres.	Marcia T. Dunn, Trustee	3785 NW 82 AVE., SUITE 117	MIAMI, FL 33166
Sec	Franese Swartz,	c/o Barbara Phillips, Esq. 25 SE 2 AVE., SUITE 1139	MIAMI, FL 33131

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWARTZ, PETER A
350 W. FLAGLER ST.
MIAMI FL 33130

Name
MARCIA T. DUNN, TRUSTEE
Street Address (P.O. Box Number is Not Acceptable)
3785 NW 82 AVE.
Suite, Apt. # Etc.
SUITE 117
City
MIAMI
State
FL
Zip Code
33166

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

Marcia T. Dunn, Trustee
REGISTERED AGENT MUST SIGN

Date 11/17/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia T. Dunn, Trustee
President

Date

Daytime Phone #

11/17/99 305 592 8868