PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V37351

1. Corporation Name
WEST RIVER, INC.

Principal Place of Business	Mailing Address
1171 EDGEWOOD AVE.. SO. JACKSONVILLE FL 32205 US	1171 EDGEWOOD AVE.. SO. JACKSONVILLE FL 32205 US

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

REINSTATEMENT 96 DEC

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: 05/15/1992

5. FEI Number: 59-3124676 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	~~WILLIAMS, ROBERT V.~~ Resigned	~~1759 CANTERBURY CT~~	~~JACKSONVILLE FL~~
D	MILLER, CHRISTOPHER L	~~4625 HAMPTON VIX~~ 1171 Edgewood Ave., S.	JACKSONVILLE FL 32205
D	HALL, FRANK A.	~~3857 PINE PARK DR~~ 1171 Edgewood, Ave., S.	JACKSONVILLE FL 32205
D	GRENAMYER, ELIZABETH	1171 Edgewood Avenue, S.	JACKSONVILLE, FL 32205
			100002022301--1 -12/06/96--01067--022 ****175.00 ****175.00
			100002022301--1 -12/06/96--01067--023 ****61.25 ****61.25

8. Name and Address of Current Registered Agent

~~DUSS, ROBERT V.~~ MILLER, CHRISTOPHER, L.
~~112 W. ADAMS STREET~~ 1171 Edgewood Ave., S.
~~SUITE 1402~~ Jacksonville, Fl. 32205
~~JACKSONVILLE FL 32202-3898~~

9. Name and Address of New Registered Agent

Name: Miller, Christopher, L.
Street Address (P.O. Box Number is Not Acceptable): 1171 Edgewood Ave., S.
Suite, Apt. #, etc.:
City: Jacksonville, State, Zip Code: 32205
100002022301--1
-12/06/96--01067--024
****138.75 ****138.75

CR2E040 (7/96)

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: Christopher L. Miller SIGNED — Date: 11-19-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Christopher L. Miller SIGNED — 11-19-96 — 904 389-4171

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

0003065 AF