



# REINSTATEMENT

1. Entity ID Number:  1731536	2. The name of the entity is:  Riverside Community Care, Inc.
3. Date of Revocation:  9/13/2023	4. Reason for Revocation:  Annual Report
5. Entity Type:  Non-Profit Corporation	
6. The reinstatement requirements are:	
<input checked="" type="checkbox"/> Annual Reports (# of reports) 2 (report filing fee) \$ 20.00 Total Fees \$ 40.00 <input checked="" type="checkbox"/> Penalty fees (# of years) 1 (penalty fee) \$ 25.00 Total Fees \$ 25.00 <input type="checkbox"/> Replacement filing fee \$ <input type="checkbox"/> LOGS (Tax Good Standing) <input type="checkbox"/> Legislative Act/Court Order <input type="checkbox"/> Change of Agent Form (filing fee) \$ <input type="checkbox"/> Change of Registered Office Form - NO FEE <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Amendment (name change required)	
7. Accompanied by	

FILED

JUN 17 2024

AA.  
3:29pm. BY DXENN