

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000025771
1. Entity Name
REVIAN GROUP, INC.

Principal Place of Business 5555 WEST WATERS AVENUE SUITE 607 TAMPA, FL 33606	Mailing Address 5555 WEST WATERS AVENUE SUITE 607 TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

09222007 REIN-P CR2E098 (1/07)

4. FEI Number
20-2341883 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUSCA, DANIEL G
100 SOUTH ASHLEY DRIVE
SUITE 1900
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	LONERO ANTHONY		
STREET ADDRESS	406 SOUTH MELVOLE AVENUE, UNIT 4		
CITY - ST - ZIP	TAMPA, FL 33606		
TITLE	D	<input type="checkbox"/> Delete	
NAME	VALDES, VIRGIL A		
STREET ADDRESS	12905 NORTH HOWARD AVENUE		
CITY - ST - ZIP	TAMPA, FL 33617		
TITLE	D	<input type="checkbox"/> Delete	
NAME	GOBEA, RENIER		
STREET ADDRESS	1242 ALDRICH DRIVE		
CITY - ST - ZIP	WESLEY CHAPEL, FL 33543		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300111464889		
STREET ADDRESS	10/29/07--01069--022 **150.00		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

11/100