PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 AUG 19 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000083043

1. Corporation Name

RIO TAXI SERVICE INC

2. Principal Office Address	**3.** Mailing Office Address
4350 NW 32 AV	4350 NW 32 AV.
Suite, Apt. #, etc. R	Suite, Apt. #, etc. R.
City & State MIAMI FL	City & State MIAMI FL
Zip 33142 Country	Zip 33142. Country

REINSTATEMENT 0004

4. Date Incorporated or Qualified To Do Business in Florida 10-08-1996

5. FEI Number 650713909 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name GUSTAVO FELICEVICH

Street Address (P.O. Box Number is Not Acceptable) 4350 NW 32 AV

Suite, Apt. #, Etc. R.

City MIAMI State FL Zip Code 33142.

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 _____ REGISTERED AGENT MUST SIGN Date 08-18-2004

CR2E081 (9/00)

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	GUSTAVO FELICEVICH	4350 NW 32 AV R	MIAMI FL 33142

400040501634
08/25/04--01055--007 **1350.00

10. 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: _____ FELICEVICH GUSTAVO 08-18-04 786 2510213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #