

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715744

1. Corporation Name

Rio Nuevo Community Bldg, Inc.

2. Principal Office Address - No P.O. Box #

1000 SW 12th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33315

Country

Broward

3. Mailing Office Address

1000 SW 12th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33315

Country

Broward

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ALLANASSIE.COM

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

X

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

Randy Rupp

Street Address (P.O. Box Number is Not Acceptable)

1322 SE 17th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

500266935695
12/03/14--01002--018 **61.25

500266935695
12/01/14--01001--001 **2686.25

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

11/25/14

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
D	Nancy Drescher	1000 SW 12th Street	Fort Lauderdale, FL 33315
D	Linda Yengling	1000 SW 12th Street	Fort Lauderdale, FL 33315
D	Pamela Calvert Nelson	1000 SW 12th Street	Fort Lauderdale, FL 33315
D	Debra Frankle	1000 SW 12th Street	Fort Lauderdale, FL 33315

10. E-mail Address: Rupp1040@AOL.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/2014

Date

11-25-14

Daytime Phone #

K. ASHTON