

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F73190

Entity Name: RIVERA'S NURSERY, INC.

FILED
Oct 20, 2004
Secretary of State

Current Principal Place of Business:

% HERMAN RIVERA
5120 SW 73RD AVENUE
DAVIE, FL 33314

Current Mailing Address:

% HERMAN RIVERA
5120 SW 73RD AVENUE
DAVIE, FL 33314

New Principal Place of Business:

% LUIS RIVERA
5120 SW 73RD AVENUE
DAVIE, FL 33314

New Mailing Address:

% LUIS RIVERA
P.O. BOX 266135
WESTON, FL 33326

FEI Number: 59-2183550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUCCI, MARK S ESQ
BENSON MUCCI & ASSOCIATES LLP
ONE FINANCIAL PLAZA, SUITE 1600
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

LUX, HELEN
5879 SW 178 AVE
SOUTH WEST RANCHES, FL 33331 US

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.

SIGNATURE: HELEN LUX

10/20/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: RIVERA, MIGUEL A
Address: 5879 SW 178TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: DVPT () Delete
Name: RIVERA, LUIS
Address: 5879 SW 178TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS RIVERA

DVPT

10/20/2004

Electronic Signature of Signing Officer or Director

Date