

Pg 1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 21 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F73190

1. Corporation Name

RIVERA'S NURSERY INC.

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

5120 SW 73RD AVENUE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD

3. Mailing Office Address

5879 SW 178 AVE

Suite, Apt. #, etc.

City & State

SOUTH WEST RANCHES, FLORIDA

Zip

33331

Country

BROWARD

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
592183550

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

MIGUEL A. RIVERA

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

5879 SW 178 AVE

Suite, Apt. #, Etc.

City

SOUTH WEST RANCHES

State
FL

Zip Code

33331

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
DPS	RIVERA, MIGUEL A.	5879 SW 178 AVE	SOUTH WEST RANCHES, FL. 33331
DVPT	RIVERA, LUIS	P.O. BOX 266135	WESTON, FLORIDA 33326
			688118544886
			02/21/08--01029--024 **458.75

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 contained in Chapter 119, 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:

MIGUEL A. RIVERA

01/28/2008

954-680-0119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PC 2/22

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February 19, 2008

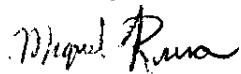
Florida Department of State
Secretary Of State
Division of Corporations

To Whom It May Concern:

We never received the reinstatement requests for Rivera's Nursery, Inc., therefore, I respectfully request to be reinstated and all late fees be waived. Please note the mailing address.

Thanking you in advance,

Sincerely,



Rivera's Nursery Inc.
Miguel A. Rivera