

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 12 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K09226

1. Corporation Name

RIVA CONSTRUCTION, INC.

2. Principal Office Address

1315 West Cass St.

3. Mailing Office Address

1315 West Cass St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12-28-1987

5. FEI Number

59-2875613

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-06

7. Name and Address of Current Registered Agent

Name

Granbyrne G. Trupp

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

404 S. Shore Crest Drive

600063983861

01/18/06--01079--017 **300.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609-3626

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

Gary Trupp
REGISTERED AGENT MUST SIGN

Date

1/4/2006

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
PST	Granbyrne G. Trupp	404 S. Shore Crest Dr.	Tampa, FL 33609-3626
D	Granbyrne G. Trupp	404 S. Shore Crest Dr.	Tampa, FL 33609-3626
			200044404572 01/10/05--01026--018 **758.75

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 under section 119.07(3)(f), 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:

Gary Trupp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Gary Trupp

Date

1/5/2005

813.287.5501

Daytime Phone #

CR2E081 (01/04)