

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 25 AM 8:00

DOCUMENT # K09226

1. Corporation Name

RIVA Construction, Inc

2. Principal Office Address

1315 W. Cass St

Suite, Apt. #, etc.

3. Mailing Office Address

1315 W. Cass St

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33606

Country

US

Zip

33606

Country

US

REINSTATEMENT 02-03

200022442732

08/20/03--01018--002 **750.00 MRS

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

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

Suite, Apt. #, Etc.

TAMPA-NA-

City

FLORIDA TAMPA

State

FL

Zip Code

33609-3626

200022442732

08/28/03--01032--022 **151.75

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 8-13-03

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

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:

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

8-13-03

Date

813-287-5501

Daytime Phone #

CR2E081 (10/02)