

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L14000003600

1. Limited Liability Company's Name  
**RIVERA SERVICE CONSTRUCTION, LLC**

2. Principal Office Address - No P.O. Box #  
**2609 Cherokee Ave**

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

Zip Country  
**33409 US**

3. Mailing Office Address  
**2609 Cherokee Ave**

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

Zip Country  
**33409 US**

**8. Name and Address of Current Registered Agent**

Name

**Nelson C. Rivera**

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

**2609 Cherokee Ave**

Apt. #, Etc.

City  
**West Palm Beach**

State Zip Code  
**FL 33409**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*See below Bm*

REGISTERED AGENT MUST SIGN

Date **01/29/2019**

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Nelson C. Rivera	2609 Cherokee Ave	West Palm Beach, FL 33409

11. E-mail Address **rivera.serv.const.llc@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 of authorized representative/member

Date **01/29/2019**

Daytime Phone # **561-577-9998**

Typed or printed name of signing authorized representative/member

*Bm 2/1/19*

FILED

2019 JAN 31 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/31/19--01017--012 \*\*793.75

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required  
for a certificate of status**

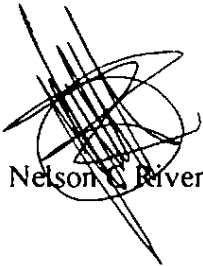
01/29/2019

Subject: Reinstatement tracking# CR0774553301 for Rivera Service Construction, LLC

To Whom It May Concern:

I just updated the mailing and physical address and not the name of the company on the amendment form was because I filled a dissolution for my other company that have the same or similar name see attached copy of dissolution for Document# L17000255074. I hope you can reinstate my company Rivera Service Construction, LLC with document number L14000003600 with the same.

Sincerely,

A handwritten signature in black ink, appearing to be "Nelson C. Rivera", written over a circular stamp or seal.

Nelson C. Rivera.