## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT  L75776  1. Corporation Name RIO TOWERS, INC.  Principal Place of Business  1699 CORAL WAY / STE - 302  MIAMI FL 33145  US  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					FILED  02 NOV 22 Alt 9: 29  SECRETARY OF STATE FALLAHASSEE FLORIDA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>			05/25/1990
City & State		City & State			-5. FEI Number - Applied For - Not Applicable		
Zip	Country	Zip	Country	у	CERTIFICATE OF STATUS DESIRED  for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director					
TS	RODRIGUEZ-TEJERA, ANITA TEJON 1699 CORAL W			NY / STE - 302	MIAMI FL		
VD BROWN, JESSELYN			1331 NW 50 ST			MIAM! FL	
PD	ALMEIDA, FLORENTINO		641 W-FLAGLER ST. 3RD FL			MIAMI FL	
				· · · · · · · · · · · · · · · · · · ·	60 11/22/	000915 0201014(	9956 101 **158.75
	8. Name and Address of Current R	egistered Age	nt	[ <u>-</u>	9. Name and A	ddress of New Regis	stered Agent
605 LIN STE 40	Maria Elena NCOLN Road D1 Beach Fl 33139		Name Anita leion Rodniquez - Jejera Street Address (P.O. Box Number is Not Acceptable) 1699 Corol Way Suite, Apt. #, Etc. STE 302 City State   Zip Code				
10. I, being appointed the registered agent of the brove name proporation, am familiar with and accept the oblic							FL 33145
Signature of Registered Agent  HEGISTERED AGENT MUST SIGN  11. 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 paid and the largest production of the corporation and the largest production indicated 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 signatures hall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da							

November 6, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This is to inform you that we did not receive any UBR notices prior to the one informing us of the Dissolution or Revocation of the corporation.

This is to request that Rio Towers, Inc. be reinstated and be returned to "active" status and that the reinstatement fee be waived. We are enclosing a check for \$158.75, of which \$150.00 is to cover the filing fee, and \$8.75 is for the certificate of status.

If you have any questions, you can contact me at (305) 856-2547 Ext. 100.

Thank you.

Sincerely,-

Anita Tejon Rodriguet Lijer Executive Director

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