

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003288

FILED  
Oct 07, 2009  
Secretary of State

**Entity Name:** RIVER VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

652 NW 3RD ST.  
APT. 202  
MIAMI, FL 33128

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 452756  
MIAMI, FL 33245 US

**New Mailing Address:**

**FEI Number:** 43-2017645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VILLALOBOS, JANET  
652 NW 3RD ST.  
APT. 202  
MIAMI, FL 33128 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JANET VILLALOBOS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VILLALOBOS, JANET  
Address: 652 NW 3RD STREET APT 202  
City-St-Zip: MIAMI, FL 33128

Title: TD ( ) Delete  
Name: ACEVEDO, NELCIDA  
Address: 652 NW 3RD STREET APT 301  
City-St-Zip: MIAMI, FL 33128

Title: SD ( ) Delete  
Name: CRUZ, RONY  
Address: 652 NW 3RD STREET APT 204  
City-St-Zip: MIAMI, FL 33128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE DOCE

MGR

10/07/2009

Electronic Signature of Signing Officer or Director

Date