

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FORM 9  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAR 14 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003893  
1. Corporation Name W97-8073

RIOS DE AGUA VIVA INC.

Principal Place of Business Mailing Address  
5610 HANLEY RD. P.O. BOX 261714  
SOIT 113 TAMPA FL 33634 TAMPA FL 33685

REINSTATEMENT 9097

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		4. Date Incorporated or Qualified To Do Business in Florida <u>08/09/1994</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3295010</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	GONZALEZ SERGIO T.	4934 HALIFAX DRIVE	TAMPA FL 33615
V.P.	LICONA HECTOR.	4210 PALMIRA ST.	TAMPA FL 33629
TREZ.	LICONA MARION.	4210 PALMIRA ST.	TAMPA FL 33629

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\*\*\*\*358.75 \*\*\*\*358.75

03/12/97

8. Name and Address of Current Registered Agent

GONZALEZ Sergio T.  
4934 HALIFAX DRIVE  
TAMPA FL 33615

9. Name and Address of New Registered Agent

Name GONZALEZ Sergio T.  
Street Address (P.O. Box Number is Not Acceptable)  
4934 HALIFAX DRIVE.  
Suite, Apt. #, Etc.  
City TAMPA State FL Zip Code 33615

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date 2-2-97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [Signature] 2-2-97 813-243-8194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)