

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 30 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003893

1. Corporation Name

Rios DE AGUA VIVA, INC.

400008211464--2  
-10/04/02--01062--013  
\*\*\*\*420.00 \*\*\*\*420.00

2. Principal Office Address

5610 HANLEY RD

Suite, Apt. #, etc.

4-113

City & State

TAMPA, FL

Zip

33634

Country

USA

3. Mailing Office Address

P.O. Box 261714

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33685

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/9/94

5. FEI Number

59-3295010

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

SERGIO GONZALEZ

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

4934 HALIFAX DR.

Suite, Apt. #, Etc.

City

TAMPA.

State

FL

Zip Code

33615

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/26/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|--------------------|
| TREASURER | JULIET CARROSO                       | 6418 N. GRADY AVE                                 | TAMPA FLA 33614    |
| SEC. DIR  | TOMAS OBRIGON                        | 15530 TIMBERLINE DR                               | TAMPA FLA 33624    |
| PRES DIR  | SERGIO T. GONZALEZ                   | 4934 HALIFAX DRIVE                                | TAMPA FLA 33615    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/02

Daytime Phone #

CR2E081 (9/01)