

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY -6 PH 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004994

1. Corporation Name

RÍOS DE AVIVAMIENTO INC.

600005556186--8
-05/17/02--01009--023
****306.25 ****306.25

2. Principal Office Address

2901 W. OAKLAND P.B.W.

3. Mailing Office Address

7991 SUNRISE LAKES

Suite, Apt. #, etc.

A1

Suite, Apt. #, etc.

DR. N 209

City & State

F. LAUDERDALE

City & State

SUNRISE

Zip

33311

Country

FLA

Zip

33322

Country

FLA.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

08-27-98

5. FEI Number

65-0873623

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

ANA P. ANDRUEJOL

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

7991 SUNRISE LAKES DR. N.

Suite, Apt. #, Etc.

209

City

SUNRISE

State

FL

Zip Code

33322

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 4/29/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Ana P. ANDRUEJOL	7991 SUNRISE LAKES DR. 209	SUNR. FL. 33322
D.	SHIRLEY C. ALVAREZ	1499 N.W 91 AV. #11-212	CORAL SPRING FL. 33071
DT	Michel F. ANDRUEJOL	7991 SUNRISE LAKES DR. 209	SUNRISE FL. 33322

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] ANA P. ANDRUEJOL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(954) 572-3267

Daytime Phone #

CR2E081 (9/01)