

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 28 AM 9:28

DOCUMENT # *P00000018312*

1. Corporation Name

*RIVER International of Commerce, Inc.
5462 HOFFNER AVE. Suite 501
Orlando, FL. 32812*

2. Principal Office Address

5462 HOFFNER AVE

3. Mailing Office Address

5462 HOFFNER AVE

Suite, Apt. #

Suite 501

Suite, Apt. #

Suite 501

City & State

Orlando, FL.

City & State

Orlando, FL.

Zip

32812

Country

U.S.A.

Zip

32812

Country

U.S.A.

01/08/03 01049 004 758.75

01/28/03--01052--022 **291.25

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2000

5. FEI Number

01-0720784

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 *(NEW)*

Name

William Rivera

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

1212 Sandestin Way

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32824

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]

Date

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
<i>P.</i>	<i>William Rivera</i>	<i>1212 Sandestin Way</i>	<i>Orlando, FL. 32824</i>
<i>V.</i>	<i>Rosa E. Chaves</i>	<i>1212 Sandestin Way</i>	<i>Orlando, FL. 32824</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan/22/2003

Date

Daytime Phone #

CR2E081 (9/01)