

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 5:12

DOCUMENT # P01000002194

1. Corporation Name

NEW RIVIERA RESIDENCE, INC.

REINSTATEMENT 2002



100009439501
12/10/02--01074--018 **750.00

Principal Place of Business

Mailing Address

17050 N BAY ROAD UNIT 509
SUNNY ISLES BEACH FL 33160

17050 N BAY ROAD UNIT 509
SUNNY ISLES BEACH FL 33160

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7800 W. OAKLAND PARK

3. New Mailing Office Address, If Applicable

7800 W. OAKLAND PARK

Suite, Apt. #, etc.

BLDG 6" G"

Suite, Apt. #, etc.

BLDG 6" G"

City & State

SUNRISE

City & State

SUNRISE FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2001

5. FEI Number

65-1070875

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	REUS, SYLVAIN	17050 N BAY ROAD UNIT 509	SUNNY ISLES BEACH FL 33160
VSD	REUS, JULIA	17050 N BAY ROAD UNIT 509	SUNNY ISLES BEACH FL 33160

8. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ
2875 NE 191 STREET PH 3A
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name

REJEAN LAPIERRE

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

7800 W. OAKLAND PARK BLVD

Suite, Apt. #, Etc.

BLDG 6" G"

City

SUNRISE

State

FL

Zip Code

33351

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/3/2002

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/2002

Daytime Phone #

CR2ED40 (8/02)