

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 16 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000022255**
1. Corporation Name **RIVERSIDE HOMES INC.**
1051 NW 82 AVE
CORAL SPRINGS FL 33071

REINSTATEMENT 03-04

600027119966
01/16/04--01065--031 **300.00

2. Principal Office Address
JESUS A. ROSAS

3. Mailing Office Address
1051 NW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To, Do, Business in, Florida

3/2/2001

5. FEI Number

650818561

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

Oscar E. Soto, Esq.

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

915 Middle River Drive

Suite, Apt. #, Etc.

Suite 304

City

FT. Lauderdale

State
FL

Zip Code

33304

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 **1-12-04**

REGISTERED AGENT MUST SIGN

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
PRE	JESUS A. ROSAS	1051 NW 82 AVE	CORAL SPRINGS FL 33071

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

1/12/04

Daytime Phone #

954-818-3666

CR2E081 (1/0/02)