

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067751**

1. Corporation Name

NEFFA DE LOS RIOS CORP.

Principal Place of Business

Mailing Address

C/O JOHN M. MACDANIEL, P.A.
TWO SOUTH BISCAYNE BLVD. SUITE 2975
MIAMI FL 33131

C/O JOHN M. MACDANIEL, P.A.
TWO SOUTH BISCAYNE BLVD. SUITE 2975
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable
21055 Yacht Club Drive

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
508

Suite, Apt. #, etc.

City & State
Aventura, Florida

City & State

Zip
33180

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2001

5. FEI Number

65-1121118

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NEFFA, GUSTAVO	21055 YACHT CLUB DRIVE	MIAMI FL 33180
P	NEFFA, GUSTAVO	21055 Yacht Club Drive #508	Aventura, FL 33180

900024254799
10/29/03--01057--022 **750.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACDANIEL, JOHN M ESQ.
ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date

10/23/03

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 OF GUSTAVO NEFFA
GUSTAVO NEFFA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03

Date

(805) 374-0700

Daytime Phone #

CR2E040 (7/03)