

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 23 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099788

1. Corporation Name

RIOS SALES, INC.

Principal Place of Business

~~10908 AIRVIEW DRIVE~~
TAMPA FL 33625

Mailing Address

~~10908 AIRVIEW DRIVE~~
TAMPA FL 33625

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
7302 BRIGHTWATER OAKS DR
City & State
TAMPA, FL
Zip
33625
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
7302 BRIGHTWATER OAKS DR.
City & State
TAMPA, FL
Zip
33625
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2002

5. FEI Number

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
D	RIOS, DAVID	10908 AIRVIEW DRIVE 7302 BRIGHTWATER OAKS DR	TAMPA FL 33625
			500024053505 10/23/03 01073 005 **150.00

8. Name and Address of Current Registered Agent

RIOS, DAVID
10908 AIRVIEW DRIVE
TAMPA FL 33625

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03

CR2E040 (7/03)

October 20, 2003

I am submitting my application for reinstatement plus the \$150.00 fee.

I apologize for not sending it sooner. Because of me moving to a new home, I didn't receive the original paperwork. Being that this was my first year to reinstate I was not aware of the deadline. I hope that you will honor my request for reinstatement without any further penalties.

Thank you,

A handwritten signature in black ink, appearing to be 'David Rios', with a large, stylized loop at the end.

David Rios
Rios Sales Inc.
Doc# P0200099788