

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000119341

1. Corporation Name

Rivera Interactive Inc.

2. Principal Office Address

12200-21 San Jose Blvd.

Suite, Apt. #, etc.

Suite 153

City & State

Jacksonville, FL

Zip

32223

Country

USA

3. Mailing Office Address

12200-21 San Jose Blvd.

Suite, Apt. #, etc.

Suite 153

City & State

Jacksonville, FL

Zip

32223

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/2002

5. FEI Number

65-1169509

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

Urbano, Marco A

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

12010 Michaelson Way W

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223-0771

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

Date

8/17/04

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
D	Rivera, Daniel T	12200-21 San Jose Blvd. Ste. 153	Jacksonville, FL 32223
D	Rivera, Claudia U	12200-21 San Jose Blvd. Ste. 153	Jacksonville, FL 32223

REINSTATEMENT 03-04

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:

Daniel T. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/04

Date

(904) 742-9192

Daytime Phone #

FILED

04 AUG 18 AM 9 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000040285930  
08/18/04--01026--001 \*\*300.00

CR2E081 (01/04)

Daniel T. Rivera  
12200-21 San Jose Blvd.  
Suite 153  
Jacksonville, FL 32223

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Department of State,

This letter is to inform you that I have not received any notices for the year 2003 and I would like the late fees to be waived. Included is a check for \$300 to cover the Annual Report Fee and Corporate Supplemental Fee for 2003 and 2004. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel T. Rivera". The signature is fluid and cursive, with a long horizontal stroke at the end.

Daniel T. Rivera