

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 22 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000000284

**1. Corporation Name**

Primitivo Rios, Jr., PA

**2. Principal Office Address**

1760 Bell Tower Lane

**3. Mailing Office Address**

2660 Center Court Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33326

Country

USA

Zip

33332

Country

USA

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

1/2/2003

**5. FEI Number**

02-0694357

☐ 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

Primitivo Rios, Jr.

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

2660 Center Court Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33332

**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

REGISTERED AGENT MUST SIGN

Date

9-21-06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Primitivo Rios, Jr.                  | 2660 Center Court Drive                           | Weston, FL 33332   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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 contained in Chapter 119, 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 #

9-21-06

954-  
815-6514