
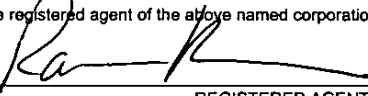
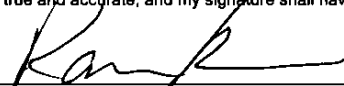


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> <b>06 MAY 11 PM 2:29</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>  <b>600075216306</b> 05/25/06--01002--006 **1050.00  <b>04-06</b>  CR2E081 (12/05)	
<b>DOCUMENT #</b> P030000011338				
<b>1. Corporation Name</b> N.C.J. RIVERA ENTERPRISES INC 6441 SW 116 COURT, UNIT B MIAMI FL 33173				
<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>		
Suite, Apt. #, etc.		8758 SW 8 Street		
City & State		Miami FL		
Zip	Country	Zip	Country	
		33174	USA	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		
		<b>5. FEI Number</b> 72-1549562 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name: RAMIRO RIVERA				
Street Address (P.O. Box Number is Not Acceptable): 6441 SW 116 COURT, UNIT B				
Suite, Apt. #, Etc.				
City: MIAMI		State: FL	Zip Code: 33173	
<b>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.</b>				
Signature of Registered Agent: 		Date: 5-9-06		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PD	RAMIRO RIVERA	6441 SW 116 Ct, U-B	MIAMI, FL 33173	
<b>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.</b>				
SIGNATURE: 		Date: 5-9-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	