

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016581

1. Entity Name
LA RIVENSIDAD CORP.



Principal Place of Business
16171 S.W. 151 TERR.
MIAMI, FL 33196

Mailing Address
16171 S.W. 151 TERR.
MIAMI, FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005

REIN-P

CR2E098 (6/04)

4. FEL Number

34-2095 492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACASA, FLOR M
16171 S.W. 151 TERR.
MIAMI, FL 33196

Name

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

REINSTATEMENT

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X. Sacasa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SACASA, FLOR M
16171 S.W. 151 TERR.
MIAMI, FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SACASA, ROBERTO
16171 S.W. 151 TERR.
MIAMI, FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900046850139
02/18/05--01005--005 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X. Sacasa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB-10-05 THU 12:53 PM

FAX:

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FLORIDA DEPT. OF STATE
ANNUAL REPORT DEPT.
REF: P03010016581

AS PER OUR CONVERSATION I'M SENDING 2004 AND 2005 ANNUAL REPORT,
SINCE I NEVER RECEIVED THE REJECTION LETTER IN OCTOBER I WAS NOT AWARE
OF THE FEE. I HAD NOTIFIED YOUR OFFICE OF MY ADDRESS CHANGE AND IT SEEMS
THAT IT WAS NEVER CHANGED. I THANK YOU IN ADVANCE FOR THE WAIVE OF THE
LATE FEE.

THANKING YOU IN ADVANCE,


ROBERTO SACASA
DIRECTOR