

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000109625

1. Entity Name
RIVALL LIQUOR STORE, INC.



Principal Place of Business
12820 NW 7 LN
MIAMI, FL 33182

Mailing Address
12820 NW 7 LN
MIAMI, FL 33182

2. Principal Place of Business
12820 NW 6 LANE
Suite, Apt. #, etc.

3. Mailing Address
12820 NW 6 LANE
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip 33182 Country USA

City & State
MIAMI, FL
Zip 33182 Country USA

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SENA, JOSE A
12820 NW 7 LN
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name ANA RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
12820 NW 6 LANE
City MIAMI FL Zip Code 33182

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SENA, JOSE A
STREET ADDRESS 12820 NW 7 LN
CITY-ST-ZIP MIAMI, FL 33182 ☒ Delete

TITLE SD
NAME RODRIGUEZ, ANA
STREET ADDRESS 12820 NW 7 LN
CITY-ST-ZIP MIAMI, FL 33182 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ANA RODRIGUEZ
STREET ADDRESS 12820 NW 6 LN, MIAMI, FL 33182 ☒ Change ☐ Addition

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

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

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

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

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 205 910-4320

Date

Daytime Phone #

FILED

06 APR 12 PM 12:26

04-21-05 9 0222 621 \$150.00



04072006

REIN-P

CR2E098 (11/05)

05-06

Depto. Of State

Re: Rivall Liquor Stores, Inc.
12820 NW 6 Ln
Miami, Fl., 33182

P 03000109625

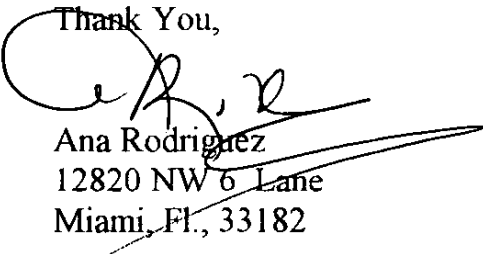
Dear Sir:

Today when I checked this corporation to do my annual report, I see that by mistake was dissolved for annual report.

On april 5, 2005 I sent my annual report with the \$150.00 fee, enclosed a copy of my annual report and check paid and collected by your department, for some reason that I don't know was not applied to my corporation, other mistake is the address, the street is 6 Ln., not 7 Ln.

I respectfully ask Please correct this mistake and update my corporation.
I am enclosing this year annual report and payment.

Thank You,



Ana Rodriguez
12820 NW 6 Lane
Miami, Fl., 33182