


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000114132		
1. Entity Name G.D.A.D. RIVERA, INC.		

Principal Place of Business 6809 LONG MEADE LANE ORLANDO, FL 32822	Mailing Address 6809 LONG MEADE LANE ORLANDO, FL 32822
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
CASTILLO, DAVID ALL ALLIANCE INSURANCE, INC. 515 M SEMORAN BLVD ORLANDO, FL 32807	

FILED
04 NOV 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04

08/27/04 90007 032 \$5683.75
11042004 REIN-P CR2E098 (6/04)

4. FEI Number 20-0354161	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 *David Castillo* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, RICARDO 6809 LONG MEADE LANE ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARCELO, ELVA 1520 NORTHWAY 116 TERR MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Ricardo* 11/4/04 407 427 6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VESTAL & WILER
CERTIFIED PUBLIC ACCOUNTANTS

November 4, 2004

Division of Corporations
409 East Gaines Str.
Tallahassee, FL 32399

Dear Sir or Madam:

Based on a conversation today with the Division of Corporations please find enclosed a reinstatement request for G.D.A.D Rivera Inc. I have also enclosed a copy of the cancelled check that was mailed to the Florida Department of State earlier this year that included a payment for the annual report for 2004.

Mr. Ricardo Rivera paid the fee as required by the State. However, he had not received any communications from the State requiring additional information in order to make sure that the Corporation was in good standing. Therefore he was unaware that the Corporation had been dissolved by the State.

Given that the Mr. Rivera did not receive any information from the State regarding the dissolution of the Corporation, the fact that payment was made originally to represent the amounts due for the annual report, and Mr. Rivera has signed the enclosed reinstatement report with the FEIN, we respectfully request that the State reinstate the corporation.

Mr. Rivera has also provided a signed letter allowing me to speak on his behalf on this matter.

Should you have any questions, or need additional information, please do not hesitate to contact me. I can be reached at 407-843-4433 ext. 239.

Sincerely,

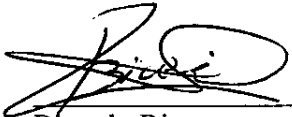


Peter A. Hilera

Encl.

November 4, 2004

I, Ricardo Rivera, as President and owner of G.D.A.D. Rivera Inc, authorize Peter A. Hilera as my CPA to speak on my behalf and discuss the issues of reinstating my corporation with the State of Florida.



Ricardo Rivera