


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000134113 1. Entity Name LUIS A. RIVAS INC	
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05 APR 19 PM 4:42
 SEC. OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 7961 GLADIOLUS DR. 108 FT. MYERS, FL 33908	Mailing Address 7961 GLADIOLUS DR. 108 FT. MYERS, FL 33908
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2. Principal Place of Business 2944 NELSON ST Suite, Apt. #, etc.	3. Mailing Address 2944 NELSON ST Suite, Apt. #, etc.
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City & State FT. MYERS FL	City & State FT MYERS FL	4. FEI Number 20-0399541	Applied For <input type="checkbox"/> Not Applicable
Zip 33901	Country USA	Zip 33901	Country USA

6. Name and Address of Current Registered Agent RIVAS, LUIS A 7961 GLADIOLUS DR 108 FT. MYERS, FL 33908	7. Name and Address of New Registered Agent Name LUIS A. RIVAS Street Address (P.O. Box Number is Not Acceptable) 2944 NELSON ST City FT MYERS FL Zip Code 33901
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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: *[Signature]* **LUIS A. RIVAS** DATE: **3/3/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D RIVAS, LUIS A <input type="checkbox"/> Delete 7961 GLADIOLUS DR #108 FT. MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2944 NELSON ST FT. MYERS FL 33901
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 900053925699 05/05/05--01066--004 **300.00
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: *[Signature]* **LUIS A. RIVAS** DATE: **3/3/05** DEBITING PHONE #: **239-634-9379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debiting Phone #