

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 14 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102005 REIN-P CR2E098 (6/04) *MRS*

4. FEI Number **20-0473949** 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

RIVAS-AYALA, FABRICIO
11581 CHAPMAN AVE.
BONITA SPRINGS, FL 34135

Name

Street Address (P.O. Box Number, if applicable)

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

Fabricio Rivas
Signature of registered agent or person authorized to act as registered agent, and title if applicable.

FABRICIO RIVAS

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/05

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RIVAS-AYALA, FABRICIO	
STREET ADDRESS	11581 CHAPMAN AVE.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RIVAS-AYALA, CARLOS	
STREET ADDRESS	11581 CHAPMAN AVE.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TR	<input type="checkbox"/> Delete
NAME	RIVAS-AYALA, JOSE	
STREET ADDRESS	11581 CHAPMAN AVE.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Fabricio Rivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABRICIO RIVAS

3/10/05

Date

239-992-8563

Daytime Phone #