

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -1 PM 1:18

SECRET
FEDERAL BUREAU OF INVESTIGATION

DOCUMENT # P03000154031

1. Corporation Name

A. L. Riesgo, INC.

2. Principal Office Address

13225 S.W. 1st Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33184

Country

USA

3. Mailing Office Address

13225 S.W. 1st Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33184

Country

USA

200067456222
03/09/06--01019--021 **450.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/03

5. FEI Number

02-0713301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hugo Arza

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

2665 South Bayshore Dr

Suite, Apt. #, Etc.

Suite 701

City

Miami

State

FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/13/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Armando L. Riesgo	13225 S.W. 1 st Terrace	Miami, FL 33184

13.3/6/06

REINSTATEMENT 04-06

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Armando Riesgo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06

Date

3055531218

Daytime Phone #

page 2 of 2

February 21, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref: A.L. Riesgo, INC.
13225 SW 1 Terrace
Miami, FL 33184

Corporate Registration Number: P0300015031
FEIN: 02-0713301

To Whom It May Concern:

A letter was received stating that AL Riesgo Inc was not registered with the Florida Department of State to transact business. A phone call was placed to the Division of Corporations, inquiring about the situation. It was deduced that AL Riesgo Inc had not paid the yearly fee for 2004, 2005 and 2006 due to the Division of Corporations having the incorrect address. For this reason the company was not aware that a fee was due.

A.L. Riesgo INC is asking for the reinstatement fee to be waived due to the fact that it was in part due to the Division of Corporations not having the correct address, causing the bill to never reach the company, the bill was returned to the Division of Corporations as it shows in the Florida Department of State records.

Your action in this matter will be greatly appreciated,



Armando Riesgo
A.L. Riesgo, INC.
President