

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000010501

Entity Name: CARLOS RIVAS, CORP.

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

19028 TANGERINE RD  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

19028 TANGERINE RD  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 20-0587885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVAS, CARLOS  
19028 TANGERINE RD  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CARLOS RIVAS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIVAS, CARLOS  
Address: 19028 TANGERINE RD  
City-St-Zip: FORT MYERS, FL 33912 US

Title: D ( ) Delete  
Name: VARGAS, JESUS  
Address: 11592 CHAPMAN AVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: VARGAS, JAVIER  
Address: 11592 CHAPMAN AVE  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS RIVAS

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date