

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000103664

**FILED**  
**Oct 24, 2006**  
**Secretary of State**

**Entity Name:** LARIVIERE INVESTMENT CORP.

**Current Principal Place of Business:**

15841 PINES BLVD #301  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

15841 PINES BLVD #301  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 34-2008017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARIVIERE, ALFRED  
15841 PINES BLVD #301  
PEMBROKE PINES, FL 33027 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:** ALFRED LARIVIERE

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES ( ) Delete  
**Name:** LARIVIERE, ALFRED J  
**Address:** 15841 PINES BLVD. #301  
**City-St-Zip:** PEMBROKE PINES, FL 33027 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** ALFRED LARIVIERE

Electronic Signature of Signing Officer or Director

PRES

10/24/2006

Date