

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:19

DOCUMENT # P04000115424

1. Corporation Name

RIBEIRO'S ENTERPRISE CORPORATION

REINSTATEMENT 05-06

2. Principal Office Address

430 SE Crosspoint Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

City & State

Zip
34983

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/2004

5. FEI Number

20-1457753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

200082100052
11/28/06--01033--009 **300.00

7. Name and Address of Current Registered Agent

Name

JOSE R. RIBEIRO

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

430 SE Crosspoint Drive

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34983

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 JJ/13/2006

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
P,D	Jose R. Ribeiro	430 SE Crosspoint Dr.	Port Saint Lucie, FL 34983

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JJ/13/2006

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430 SE Crosspoint Drive
Port Saint Lucie, FL 34983

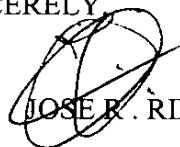
November 13, 2006

RE: **RIBEIRO'S ENTERPRISE CORPORATION**
P04000115424

DEAR STATE DEPARTMENT,
Attn: REINSTATEMENT SECTION

PLEASE WAIVE MY LATE FEE BECAUSE I HAVE NEVER RECEIVED THE ANNUAL REPORT NOTICES IN MY HOUSE. THIS IS THE FIRST TIME THAT I DEAL WITH THIS KIND OF PROBLEMS. I AM STILL KIND OF NEW WITH THE PAPERWORK. I WAS VERY SURPRISED TO KNOW THAT MY CORPORATION WAS INACTIVE. PLEASE, CONSIDER MY CASE AND WAIVE THE LATE FEE. ALSO UPDATE YOUR RECORDS TO CONSIST MY NEW ADDRESS. THANK YOU.

SINCERELY


JOSE R. RIBEIRO