

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000145049

1. Corporation Name

RIVAL ROOF TILE DELIVERY CORP

2. Principal Office Address - No P.O. Box #

3001 NW 95 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33147

Country

US

3. Mailing Office Address

3001 NW 95 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

US

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 10/20/2004

5. FEI Number
20-1777030

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

MARITZA A RIVERA

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

3001 NW 95 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

(X) Maritza Rivera

Date NOV 08 2008

REGISTERED AGENT MUST SIGN

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	MARITZA A RIVERA	3001 NW 95 TERRACE	MIAMI, FL. 33135 33147
VP	JUAN M RIVERA	3001 NW 95 TERRACE	MIAMI, FL. 33135 33147
S	JUAN D RIVERA	3001 NW 95 TERRACE	MIAMI, FL. 33135 33147

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: *(X) Maritza Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 08, 2008

Date

786-251-2631

Daytime Phone #

DC 11/19