

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000161736

Entity Name: RIPLEY INVESTMENT, CORP.

**FILED**  
**Nov 06, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3500 MISTIC POINT DR #2702  
AVENTUTRA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3500 MISTIC POINT DR #2702  
AVENTUTRA, FL 33180

**New Mailing Address:**

FEI Number: 20-1975114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARDENAS, HAROLD  
3500 MISTIC POINT DR #2702  
AVENTUTRA, FL 33180 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: HAROLD CARDENAS

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: GARDENAS, HAROLD  
Address: 3500 MISTIC POINT DR #2702  
City-St-Zip: AVENTUTRA, FL 33180

Title: V ( ) Delete  
Name: GRAJALES, CRISTINA  
Address: 3500 MISTIC POINT DR #2702  
City-St-Zip: AVENTUTRA, FL 33180

Title: T ( ) Delete  
Name: CARDENAS, MARIA F  
Address: 3500 MISTIC POINT DR #2702  
City-St-Zip: AVENTUTRA, FL 33180

**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: HAROLD CARDENAS

PD

11/06/2007

Electronic Signature of Signing Officer or Director

Date