

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P06000011571**

1. Entity Name  
RILLAGO MAINTENANCE & SERVICES, CORP.



**FILED**  
07 OCT -5 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

Principal Place of Business  
3815 S.W. 82 AVENUE #39  
MAIMI, FL 33155

Mailing Address  
3815 S.W. 82 AVENUE #39  
MAIMI, FL 33155

2. Principal Place of Business - No P.O. Box #  
11389 SW 65 ST

3. Mailing Address  
11389 SW 65 ST

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33173

Country  
US

Zip  
33173

Country  
US



REINSTATEMENT 2007

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE JESUS RIVAS, JUAN  
3815 S.W. 82 AVENUE #39  
MAIMI, FL 33155

7. Name and Address of New Registered Agent

Name  
DE JESUS RIVAS, JUAN

Street Address (P.O. Box Number is Not Acceptable)  
11389 SW 65 ST

City  
MIAMI

FL

Zip Code  
33173

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten signature]* 09-27-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE JESUS RIVAS, JUAN 3815 S.W. 82 AVENUE #39 MAIMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11389 SW 65 ST MIAMI FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110322099 10/05/07--01014--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten signature]* 9/27/07 305 303 3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #