

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000113684

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** LUIS A RIVAS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

12594 N KENDALL DR  
MIAMI, FL 33186

**New Principal Place of Business:**

11110 N. KENDALL DR. STE 102  
MIAMI, FL 33176

**Current Mailing Address:**

12594 N KENDALL DR  
MIAMI, FL 33186

**New Mailing Address:**

11110 N. KENDALL DR. STE 102  
MIAMI, FL 33176

FEI Number: 75-3227992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVAS, LUIS A  
12594 N KENDALL DR  
MIAMI, FL 33186 US

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

RIVAS, LUIS A  
11110 N. KENDALL DR STE 102  
MIAMI, FL 33176 US

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: LUIS A. RIVAS

10/27/2008

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: RIVAS, LUIS A  
Address: 12594 N KENDALL DR  
City-St-Zip: MIAMI, FL 33186

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

Title: P (X) Change ( ) Addition  
Name: RIVAS, LUIS A  
Address: 11110 N. KENDALL DR STE 102  
City-St-Zip: MIAMI, FL 33176

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: LUIS A. RIVAS

P

10/27/2008

Electronic Signature of Signing Officer or Director

Date