

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 OCT -9 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000010756

1. Corporation Name

RIVERO TRANSPORTATION INC

900161542149  
10/09/09--01029--010 \*\*300.00

2. Principal Office Address - No P.O. Box #  
511 SW LAIRO AVENUE

3. Mailing Office Address  
SAME AS PHYSICAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PORT ST LUCIE

City & State

Zip Country  
FL 34953

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida 01/24/2007

5. FEI Number  
20-8305329

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  
ARMANDO RIVERO

Street Address (P.O. Box Number is Not Acceptable)  
511 SW LAIRO AVENUE

Suite, Apt. #, Etc.

City  
PORT ST LUCIE FL 34953

State Zip Code  
FL

☒ 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

Date 10/02/2009

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	ARMANDO RIVERO	511 SW LAIRO AVENUE	PORT ST LUCIE FL, 34953
VP	MARLEN DOMINGUEZ	511 SW LAIRO AVENUE	PORT ST LUCIE FL, 34953

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:

*Armando Rivero*  
President.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/2009

Date

305 491 2457

Daytime Phone #