

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
Nov 06, 2008  
Secretary of State

DOCUMENT# P07000031711

Entity Name: RIOCOMATE INC.

**Current Principal Place of Business:**

8720 NW 11 STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8720 NW 11 STREET  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 20-8683053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

TRINIDAD, WILLIAM  
8720 NW 11 STREET  
PEMBROKE PINES, FL 33024      US

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

WILLIAM, TRINIDAD  
8720 NW 11 STREET  
PEMBROKE PINES, FL 33024      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: WILLIAM TRINIDAD

11/06/2008

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/D ( ) Delete  
Name: TRINIDAD, WILLIAM  
Address: 8720 NW 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T (X) Delete  
Name: TRINIDAD, WILLIAM JR  
Address: 8720 NW 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP/D (X) Delete  
Name: TRINIDAD, CARMEN  
Address: 8720 NW 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Delete  
Name: TRINIDAD, NICHOLS  
Address: 8720 NW 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

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

Title: P/D (X) Change ( ) Addition  
Name: WILLIAM, TRINIDAD  
Address: 8720 NW 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

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: WILLIAM TRINIDAD

P/D

11/06/2008

Electronic Signature of Signing Officer or Director

Date