

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN -4 PM 12:27

DOCUMENT # P08000097025

1. Corporation Name

Rittenhouse Guitars, Inc.

000189428620

01/04/11--01049--008 **750.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

10901 SW 88th St

Suite, Apt. #, etc.

#110

City & State

Miami, FL

Zip

33176

Country

U.S.A

3. Mailing Office Address

10901 SW 88th St

Suite, Apt. #, etc.

#110

City & State

Miami, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2008

5. FEI Number

26-3624477

☐ 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

Karisa Rivera

Street Address (P.O. Box Number is Not Acceptable)

10901 SW 88th St

Suite, Apt. #, Etc.

#110

City

Miami

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date 12/31/2010

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	Karisa Rivera	10901 SW 88th St #110	Miami, FL, 33176

10. E-mail Address: abc@rittenhouseguitars.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/2010

Date

Daytime Phone #

(305)8772254