

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000105335

**FILED**  
**Jun 15, 2010**  
**Secretary of State**

**Entity Name:** RIVERS AUTO & TRUCK BODY REPAIR INC.

**Current Principal Place of Business:**

2323 NW 149TH STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

5410 W STATE ROAD 84  
SUITE 5  
DAVIE, FL 3331

**Current Mailing Address:**

2323 NW 149TH STREET  
OPA LOCKA, FL 33054

**New Mailing Address:**

5410 W STATE ROAD 84  
SUITE 5  
DAVIE, FL 3331

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSEPH, AGNES E  
5955 NW 27 PLACE  
SUNRISE, FL 33313 US

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

JOSEPH, AGNES E  
5410 W STATE ROAD 84  
DAVIE, FL 3331 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: AGNES JOSEPH

06/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: FAISON, CONTREAS  
Address: 5410 W STATE ROAD 84  
City-St-Zip: DAVIE, FL 33313 US

Title: VP,D  
Name: MAYNARD, CURTIS  
Address: 5410 W STATE ROAD 84  
City-St-Zip: DAVIE, FL 33313 US

I hereby 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 all other like empowered.

SIGNATURE: CONTREAS FAISON

P, D

06/15/2010

Electronic Signature of Signing Officer or Director

Date