

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000104731

1. Corporation Name

Rivera Trucking, Inc.

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

600 NW 20th Ave

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33069

Country

USA

3. Mailing Office Address

600 NW 20th Ave

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-01-2012

5. FEI Number

45-4270425

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

Wilfredo Rivera

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

600 NW 20th Ave

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

05-06-2022

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	Wilfredo Rivera	600 NW 20th Ave	Pompano Beach FL 33069
VP	Nadia Rivera	600 NW 20th Ave	Pompano Beach FL 33069

E-mail Address: NRivera600@comcast.net

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Wilfredo Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-07-2022 954-821-6486

Daytime Phone #