

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NOTIFICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

APPROVED  
AND  
FILED

PG 1 of 2

DOCUMENT # P94000037189

1. Corporation Name

RIVIERA NIGHTCLUB, INC.

00 NOV 21 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

21065 POWERLINE RD  
BOCA RATON FL 33433  
US

Mailing Address

2020 S.W. 28TH AVE.  
FT LAUDERDALE FL 33312



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0491167

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	LOPEZ, MARIA	2020 S.W. 28TH AVE.	FT. LAUDERDALE FL 33312
TD	PEREZ, ROSA	2020 S.W. 28TH AVE.	FT. LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

LOPEZ, MARIA  
2020 SW 28 AVE  
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

(954) 321-5951

SIGNATURE:

*Maria Lopez*

maria Lopez 10/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

November 8, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

RE: Riviera Nightclub, Inc.  
P94000037189

Dear Sirs:

Please reinstate this Corporation and we ask that the late fees (reinstatement fees) be waived.

On 3/14/00 we filed the annual report with the corresponding \$150.00 check.

On 3/17/00 you returned the report for lack of signature.

On 3/28/00 we resubmitted the report with the proper signature.

We did not hear again regarding this matter until we found out that the Corporation had been dissolved. We immediately filed a Reinstatement form on 10/19/00.

We are now in receipt of said document with your letter dated November 1, 2000 that we owe an additional \$600.00.

Again, we request that the reinstatement fee be waived on the basis that we were diligent in filing and paying the subject Annual Report. Apparently the form we sent back to you on 3/28/00 was lost in the mail. We did not think of sending it registered.

We are including the reinstatement report, your correspondences, etc.

We would appreciate any consideration and help you can provide us in this matter

Sincerely,

MARIA LOPEZ  
PRESIDENT  
RIVIERA NIGHTCLUB, INC.



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 864881 7111512

AUTHORIZATION :

COST LIMIT : \$ 61.25

*Pa. D. J. J. J.*

ORDER DATE : October 16, 2000

ORDER TIME : 12:13 PM

ORDER NO. : 864881-010

CUSTOMER NO: 7111512

CUSTOMER: Ms. Courtney Heysquierdo  
Coach Usa  
One Riverway  
Suite 500  
Houston, TX 770561903

ANNUAL REPORT FILING

NAME: AMERICAN SIGHTSEEING TOURS,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~XXXXXXXXXXXX~~

*Janna Wilson*

EXAMINER'S INITIALS:

*[Signature]*

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 20 PM 12:52  
NOTED  
TO AGENCY  
SUFFICIENCY OF FILING