

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV 20 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020886

1. Corporation Name

RIVERA TRANSPORT SERVICES, INC.

Principal Place of Business

Mailing Address

8045 N.W. 7TH ST.  
BL. APT. 101  
MIAMI FL 33126

8045 N.W. 7TH ST.  
BL. APT. 101  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

6905 N.W. 173RD DR

3. New Mailing Office Address, If Applicable

6905 N.W. 173RD DR

Suite, Apt. #, etc.

# 0-202

Suite, Apt. #, etc.

# 0-202

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33015

Country

DADE

Zip

33015

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1995

5. FEI Number

65-0583794

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RIVERA, ANGELINA	8045 N.W. 7TH ST. BL. APT 101	MIAMI FL 33126
TD	IRIZARRY, ROBERTO	8045 N.W. 7TH ST. BL. APT 101	MIAMI FL 33126
			500002011765--6 -11/21/96--01105--001 ****75.00 ****75.00
			500002011765--6 -11/21/96--01105--002 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

RIVERA, ANGELINA  
8045 N.W. 7TH ST.  
BL. APT. 101  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

RIVERA, ANGELINA

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

6905 N.W. 173RD DR

Suite, Apt. #, Etc.

# 0-202

City

MIAMI

State

FL

Zip Code

33015

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

ANGELINA RIVERA  
REGISTERED AGENT MUST SIGN

Date 11/23/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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.

SIGNATURE:

ANGELINA RIVERA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/96 (205) 364-7400

Daytime Phone #