

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000007977

1. Corporation Name

Rivero Equipment Corp.

2. Principal Office Address

8100 W. Okecchoke Rd.

Suite, Apt. #, etc.
—

City & State

Hialeah Gardens, FL

Zip

33016

Country

Dade

3. Mailing Office Address

5900 W 9 Lane

Suite, Apt. #, etc.
—

City & State

Hialeah, FL

Zip

33012

Country

FL

REINSTATEMENT 98-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/25/96

5. FEI Number

650638822

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

Lazaro E. Rivero

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

5900 W 9 Lane

Suite, Apt. #, Etc.

N/A

City

Hialeah

000007374780-0

-08/27/02--01045--025

***1358.75 ***1358.75

State

FL

Zip Code

33012

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

Lazaro E. Rivero
REGISTERED AGENT MUST SIGN

Date 8/15/02

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
<u>PD</u>	<u>Lazaro E. Rivero</u>	<u>5900 W. 9 Lane</u>	<u>Hialeah, FL 33012</u>

10. 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:

Lazaro E. Rivero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02
Date

305 490-4993
Daytime Phone #

CR2E081 (9/01)