

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000066733**

1. Corporation Name

**RIVERO AND ASSOCIATES, INCORPORATED**

Principal Place of Business

Mailing Address

9035 PROSPERITY LANE  
PORT RICHEY FL 34668

9035 PROSPERITY LANE  
PORT RICHEY FL 34668



**REINSTATEMENT 0001**

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

2. New Principal Office Address, If Applicable

**1508 Seagull Drive**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#301**

City & State

**Palm Harbor FL**

City & State

Zip

**34685**

Country

**Pinellas**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**08/12/1996**

5. FEI Number

**59-3393649**

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RIVERO, ELOY	<del>9035 PROSPERITY LANE</del> <b>1508 Seagull Drive</b>	<del>PORT RICHEY FL 34668</del> <b>Palm Harbor</b>
<del>V</del>	<del>RIVERO, EMINE</del> <b>Delete</b>	<del>9035 PROSPERITY LANE</del> <b>delete</b>	<del>PORT RICHEY FL</del> <b>delete</b>
V	Sandra Ramirez	<b>1508 Seagull Drive</b>	<b>Palm Harbor, FL 34685</b>

8. Name and Address of Current Registered Agent

RIVERO, EMINE  
9035 PROSPERITY LANE  
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name **RIVERO ELOY**  
Street Address (P.O. Box Number is Not Acceptable) **1532 Seagull Drive**  
Suite, Apt. #, Etc. **#201**  
City **Palm Harbor** State **FL** Zip Code **34685**

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

**X Eloy Rivero** **Eandra Ramirez**  
REGISTERED AGENT MUST SIGN

Date **3/24/01**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Eloy Rivero**

**Sandra Ramirez**

Date

Daytime Phone #

**3/24/01 (727) 542-4603**

CR2E040 (8/00)