

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 24 PM 12:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P97000062892*

1. Corporation Name

RILEA UNIVERSITY Corp.

2. Principal Office Address

848 BRICKELL AVE.

Suite, Apt. #, etc.

3TE 1010

City & State

MIAMI FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

848 BRICKELL AVE.

Suite, Apt. #, etc.

SUITE 1010

City & State

MIAMI FLORIDA

Zip

33131

Country

USA

REINSTATEMENT *02-03*

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/97

5. FEI Number

65-0801735

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

OTEOA, ALAN

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

848 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 1010

City

MIAMI FLORIDA

State

FL

Zip Code

33131

500021107035

*06/24/03--01028--018 ***90.00*

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

[Signature]

Date

6/2/03

REGISTERED AGENT MUST SIGN

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
<i>PD</i>	<i>OTEOA, ALAN</i>	<i>848 BRICKELL AVENUE STE 1010</i>	<i>MIAMI, FLORIDA</i>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/03

Daytime Phone #

(305) 371-5254

CR2E081 (10/02)

7/6/24