

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 DEC 27 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT 2001
UP

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98 000002359					
1. Corporation Name Riteway Investments, Inc.					
2. Principal Office Address 3501 NW 67 Street Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State Miami, Florida			City & State		
Zip 33147	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 1-23-98	
5. FEI Number 650939597				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 Fidel Garcia					
Street Address (P.O. Box Number is Not Acceptable) 3501 NW 67 Street					
Suite, Apt. #, Etc.					
City Miami					
State FL Zip Code 33147					
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  Date 12-20-01					
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	
PD	Fidel Garcia	3501 NW 67 Street		Miami, FL 33147	
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:  Date 12-20-01					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					

Charter Number Only

VALIDATION ONLY

12/26/01

Silver & Silver

Requestor's Name

108 S. Miami Ave, 2nd FL

Address

Miami, FL 33130

City

State

ZIP

Phone

CORPORATION(S) NAME

Biteway Investments, Inc.

- | | | |
|---|--|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☐ Other |
| ☒ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☒ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ Call If Problem |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| | ☐ After 4:30 | ☐ Mail Out |

RECEIVED
01 DEC 27 9:34
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier