


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 JAN -2 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000031132					
1. Entity Name DIGNA RIVA, INC.					
Principal Place of Business 9600 NE 2 AVE MIAMI SHORES, FL 33138			Mailing Address 9600 NE 2 AVE MIAMI SHORES, FL 33138		
2. Principal Place of Business 9600 NE 2nd Avenue			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami Shores FL 33138			City & State		
Zip 33138		Country DADE		Country	
4. FEI Number 65-0826770				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVA, DIGNA 9600 NE 2 AVE MIAMI SHORES, FL 33138			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: 12/28/06					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVA, DIGNA		NAME		
STREET ADDRESS	9600 NE 2 AVE		STREET ADDRESS	500083984435	
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP	01/11/07--01005--009 **750.00	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINTERO, MARIZELI		NAME		
STREET ADDRESS	9600 NE 2 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			12/28/06 305-758-8888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		