

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048329

1. Corporation Name

CHANSE RIVERA ENTERPRISES, INC.

Principal Place of Business

5900 SW 85TH STREET
S MIAMI FL 33143

Mailing Address

5900 SW 85TH STREET
S MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1998

5. FEI Number

65-0838880

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RIVERA, CHANSE	503 MENENDEZ AVE	CORAL GABLES FL 33146

500008941915

11/12/02 01122 023 **750.00

8. Name and Address of Current Registered Agent

~~LIBOW, ALLEN H~~
~~301 YAMATO ROAD SUITE 4199~~
~~BOCA RATON FL 33431~~

9. Name and Address of New Registered Agent

Name

CHANSE RIVERA

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

5900 SW 85TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/15/03

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 REQUIRED

CHANSE RIVERA

Date

1/02/02

Daytime Phone #

561.620.3515

CR2E040 (802)