

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P98000056583*

1. Corporation Name

Rivera Construction of Tallahassee, Inc.

2. Principal Office Address

931 Rosemary Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

SAN

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

SAN

Zip

32303

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-24-98

5. FEI Number

59-3513142

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

RIVERA, SALVADORA

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

931 Rosemary Terrace

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32303

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 *11-21-03*

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>CEO</i>	<i>RIVERA, SALVADORA</i>	<i>931 Rosemary Terrace</i>	<i>Tallahassee, FL 32303</i>
<i>D</i>	<i>Teri Holland</i>	<i>931 Rosemary Ter</i>	<i>Tallahassee FL 32303</i>
<i>D</i>	<i>Randy Garibay</i>	<i>931 Rosemary Ter</i>	<i>Tall. FL 32303</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] *SALVADORA RIVERA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-251-8212

Daytime Phone #

CR2001 (10/02)

Rivera Construction of Tallahassee, Inc

931 Rosemary Terrace
Tallahassee, FL 32303

Phone (850)251-8212

11/20/03

State of Florida
Secretary of State
Division of Corporations
Tallahassee, Florida

Re: Reinstatement of Corporation

Dear Sir or Madam:

Attached please find documentation for the reinstatement of my Corporation, Rivera Construction of Tallahassee, Inc.

This is to certify that I did not receive the notices concerning the submission of my annual report and/or dissolution of the corporation, and I am respectfully requesting that the penalty fees with this be waived.

for the Jan
2003

Thank you for your assistance.

Sincerely,



Salvador Rivera