

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067749

1. Corporation Name

Efrain Rivero Inc.

600024966556

11/24/03--01028--007 **8.75

600024966556

11/24/03--01028--005 **300.00

2. Principal Office Address

2450 SW 78 Avenue

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33155

Country

Miami Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/1998

5. FEI Number

65-0847914

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

Efrain Rivero

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

2450 SW 78 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Efrain Rivero

Date

11/4/03

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
P/T	Efrain Rivero	2450 SW 78 Avenue	Miami FL 33155
VP/Sec	Enrique Gamez	2450 SW 78 Avenue	Miami FL 33155

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:

Efrain Rivero

Efrain Rivero

Date

11/4/03 786/344/0800

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (10/02)

20f2

November 4, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

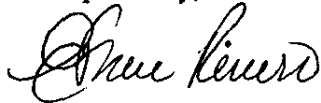
Reinstatement Division

RE: Efrain Rivero Inc.

To Whom It May Concern:

Due to the fact that I moved the post office failed to forward my Uniform Business Report I am really sorry for the oversight, in the meantime I remain

Respectfully,

A handwritten signature in cursive script, appearing to read "Efrain Rivero".

Efrain Rivero