

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Riviere Management Services Inc

P980000 86262

REINSTATEMENT 00-04

2. Principal Office Address

4 Luna Lane

Suite, Apt. #, etc.

3. Mailing Office Address

4 Luna Lane

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

City & State

Key West, FL

Zip

33040

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/98

5. FEI Number

65-0866801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400030562524  
03/16/04--01050--015 \*\*1350.00

7. Name and Address of Current Registered Agent

Name

Victoria Riviere

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

4 Luna Lane

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

4 March 04

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
PSTD	Victoria Riviere	4 Luna Lane	Key West, FL 33040

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 March 04

Date

Daytime Phone #

2943774

CR2E081 (01/04)