PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPL:CATION FLORIDA DEPARTMENT OF STATE FILED Jim Smith **FOR** Secretary of State REINSTATEMEN 02 NOV 21 PH 12: 45 DIVISION OF CORPORATIONS P99000020706 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name RIVIERA REAL ESTATE INVESTMENTS INC. Principal Place of Business Mailing Address 12619 CATAMARAN PL 12619 CATAMARAN PL. TAMPA SL 33824" TAMPA FL 33624 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable
South DARSY RD
Suite, Apt. #, etc. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/04/1999 Suite, Apt. #, etc. 5. FEI Number Applied For 59-3576602 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director Đ Constantings. Melissourgas 12619 Catamaran PL TAMPA FL 33824 CONSTANTINOS MEUSSOYPEOS BOYIO (900009153989 11/21/02--01092--007 **!5 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CR2E040 (8/02) MELISSOURGOS, CONSTANTINOS Street Address (P.O. Box Number is Not Acceptable) 12619 CATAMARAN PL TAMPA FE 33624 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 REGISTERED AGENT MUST SIGN 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. 83)598-1063 SIGNATURE

Division of Corporations Annual Report/ Reinstatement Section P.O. Box 6327 Tallahassee, Fl. 32314-6327

Dear Sir or Madam:

I kindly request the reduction of the reinstatement fee. It seems that the paper work was never received due to my move to a different Location. The New mailing address is as Listed above. Thank your for your time.

Sincerely,

C. N. Melissourgos President, R.R.I. INC.