

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 17 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P990000042799

1. Corporation Name

Rivera Auto Export, Inc.

2. Principal Office Address

20 E. Carroll St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Zip

Country

Zip

Country

134741

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/99

5. FEI Number

59-3577231

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

Elvis Aponte

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

20 E. Carroll St.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34761

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

X *Elvis Aponte*

REGISTERED AGENT MUST SIGN

Date

X 5/7/02

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.	Elvis Aponte	20 E. Carroll St. Kiss, FL. 34741	Kiss, FL. 34741

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:

X *Elvis Aponte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 5/7/02

Daytime Phone #

407-870-9898

CR2E081 (9/01)