

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000091128**

1. Corporation Name

*Rio Trading of South Florida,
Inc.*

2. Principal Office Address

445 Rovine Ave.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

3. Mailing Office Address

445 Rovine Ave.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/18/99

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 11 PM 1:44

FILED

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Raul E. Salas

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

6301 Sunset Drive

Suite, Apt. #, Etc.

City

South Miami

State

FL

Zip Code

33143

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 *09/06/06*

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
PD	<i>Joaguin C. Rionda</i>	<i>370 Campana Ave.</i>	<i>Coral Gables, FL 33156</i>
VPD	<i>Joaguin Rionda</i>	<i>445 Rovine Ave.</i>	<i>Coral Gables, FL 33156</i>

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REINSTATEMENT 2000-2006

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/06

Date

3056630000

Daytime Phone #