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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000097441**

1. Corporation Name

RIVERA'S GAS STATION, Inc.

500039837235
08/14/04--01001--005 **150.00

500039837235
07/20/04--01001--005 **150.00

2. Principal Office Address

8325 N. Florida Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

Hillsborough

3. Mailing Office Address

8325 N. Florida Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

11-3-1999

5. FEI Number

59-3607351

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

HECTOR RIVERA

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

1423 MCCREA DRIVE

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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 HECTOR RIVERA

Date

X 07-13-04

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
PD	HECTOR RIVERA	1423 MCCREA DRIVE	Lutz, FL 33549
STD	William RIVERA	1423 MCCREA DRIVE	Lutz, FL 33549

400040265024
08/18/04--01003--005 **150.00

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 HECTOR RIVERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 07-13-04 (813) 935-2051

Daytime Phone #

CR2E081 (01/04)

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July 2, 2004

To Whom It May Concern:

This letter is to certify that due to an address change, I never received the Uniform Business Report of Rivera's Gas Station, Inc, Document # P99000097441 for years 2003 and 2004. Please find enclosed two checks for the amount of \$150 each for the reinstatement fee of Rivera's Gas Station, Inc. years 2003 and 2004.

I authorize my accountant Mr. Wilfredo Trinidad, CPA to discuss, provide any information or answer any questions regarding this matter.

You can contact Mr. Trinidad at 813-626-4796 or contact me at 813-935-2051.

I apologize for any inconvenience this might have caused you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hector Rivera', with a stylized flourish at the end.

Hector Rivera