APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 13 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Governmental State

1. Name and Mailing Address of Corporation. DOCUMENT # S45234

RIVERMAN BULLDOZING CO, INC.
45 S.W. 55 AVE ROAD
MIAMI, FL. 33134

DOC #S45234

REINSTATEMENT 95-96

If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 4-15-91

4. FEI Number: 65-042 1919

FEI Number Applied For

F.E.I. Number Not Applicable

5. $8.75 Additional Fee required for Certified Copy

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PRESIDENT	BRUNO GAVICA	45 S.W. 55 AVE ROAD	MIAMI FL. 33134
SECRETARY TREASURER	NORBERTO H. ALMEIDA	45 S.W. 55 AVE ROAD	MIAMI FL. 33134

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-12/17/96--01069--007
*****75.00 *****75.00

JB 12-13-96

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

BRUNO GAVICA
45 S.W 55 AVE ROAD
MIAMI FL. 33134

8. Name and Address of New Registered Agent and/or Office

Name: BRUNO GAVICA

Street Address (Do NOT Use P.O. Box Number): 45 S.W. 55 AVE ROAD

Street Address (Do NOT Use P.O. Box Number)

City and State: MIAMI FL. Zip: 33134

9. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Bruno Gavica

REGISTERED AGENT MUST SIGN

Date: 11-26-96

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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 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., and that all fees owed by the corporation have been paid. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

Signature of Officer or Director: Bruno Gavica Date: PRESIDENT 12/9/96 Daytime Phone #: