

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 28 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33610**

1. Corporation Name

RIVERO INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

7335 N. W 31 STREET
P.O. BOX 52-7404
MIAMI FL 33122-1240
US

P. O. BOX 52-7404
P.O. BOX 52-7404
MIAMI FL 33152-7404
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

JOO

4. Date Incorporated or Qualified To Do Business in Florida

05/04/1992

5. FEI Number

65-0328145

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CT	RIVERO, JORGE H., SR.	2555 COLLINS AVE., STE. 2400 2206	MIAMI-FL MIAMI BEACH FL 33140
VD	RIVERO, JORGE H., JR.	2555 COLLINS AVE STE 2206	MIAMI-FL MIAMI BEACH FL 33140
PSD	RIVERO, JUAN CARLOS	433 W 45TH PL. 2555 COLLINS AVE 2206	HIACLEAH FL 33042 MIAMI BEACH FL 33140
			300004764609--7 -01/10/02--01030--010 ****750.00 ****750.00
			1/LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERO, JUAN C
~~433 W. 45TH PLACE~~ 2555 COLLINS AVE. 2206
~~HIACLEAH FL 33042~~ MIAMI BEACH FL 33140

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-10-01

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.

JUAN C. RIVERO

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-01 301-321-1823
Date Daytime Phone #

CR2E040 (8/01)