

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
FLORIDA CORPORATIONS

00 NOV 20 AM 11:51

DOCUMENT # **PA6000100224**

1. Corporation Name **AGGIE CORP, INC**

2. Principal Office Address

1851 OLD MOULTRIE RD

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FLORIDA

Zip

32084

Country

3. Mailing Office Address

1851 OLD MOULTRIE RD

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FLORIDA

Zip

32084

Country

REINSTATEMENT

DD

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 12, 1996

5. FEI Number

593157956

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

RICHARD GENTRY

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

19 McMillan STREET P.O. Box 3501

Suite, Apt. #, Etc.

City

ST. AUGUSTINE, FLORIDA 32085

State
FL

Zip Code

32085

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

Richard Gentry

Date **11/15/00**

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
PST	BRUCE H. PALEY	1851 OLD MOULTRIE RD	ST. AUGUSTINE, FL 32084

AD

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:

Richard Gentry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/00

Date

(904) 824-8088

Daytime Phone #