

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **K60578**

1. Corporation Name

THE RIGGAN COMPANY, INC.

99 OCT 14 PM 5:38

Principal Place of Business

Mailing Address

205 S. MATANZAS BLVD.
ST AUGUSTINE FL 32084

205 S. MATANZAS BLVD.
ST AUGUSTINE FL 32084

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

2. New Principal Office Address, If Applicable

P.O. Box 4430
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 4430
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1989

5. FEI Number

75-1742616

Applied For

Not Applicable

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE, FL.

Zip

32085

Country

U.S.A.

Zip

32085

Country

U.S.A.

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
P/V	RIGGAN, MARSHALL W.	42 WATER ST	ST AUGUSTINE FL
S/TD	RIGGAN, MARSHALL	42 WATER STREET	ST. AUGUSTINE FL 32084

300003019793--0
-10/20/99--01066--003
****750.00 ****750.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOLES, JOSEPH L JR
120 CHARLOTTE ST
ST AUGUSTINE FL 32084

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date **10-13-99**

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Handwritten signature: Marshall Riggan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 13, 1999
Date

904 806 3006
Daytime Phone #