

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714372

1. Corporation Name

Riggers' Survivors and Pension Fund, Inc., a
Florida corporation

Principal Place of Business

25130 Trans X Drive
Novi, MI 48376

Mailing Address

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 89-97

4. Date Incorporated or Qualified
To Do Business in Florida

4/2/68

5. FEI Number

59-1218843

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Howard McDougall	25130 Trans X Drive	Novi, MI 48376
S	Carl Feeman	25130 Trans X Drive	Novi, MI 48376
D	John Cova	25130 Trans X Drive	Novi, MI 48376
D	Robert Wallace	25130 Trans X Drive	Novi, MI 48376
D	Gerald Schneider	25130 Trans X Drive	Novi, MI 48376
D	Frank Vallecorsa	25310 Trans X Drive	Novi, MI 48376

8. Name and Address of Current Registered Agent

Mr. Frank Lawson
US 1 Overseas Highway
P.O. Box 521
Big Pine Keys, FL 33043

9. Name and Address of New Registered Agent

Name
David S. Snyder
Street Address (P.O. Box Number is Not Acceptable)
603 Longboat Key Club Road
Suite, Apt. #, etc.
Apt. 703 N
City
Longboat Key

State Zip Code
FL 34228

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

REGISTERED AGENT MUST SIGN

Date

11/2/97

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 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:

Howard McDougall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #