

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000003503

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** THE RISCIGNO FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

442 W. KENNEDY BLVD., #340  
TAMPA, FL 33606

**New Principal Place of Business:**

401 E. JACKSON STREET  
SUITE 1700  
TAMPA, FL 33602

**Current Mailing Address:**

442 W. KENNEDY BLVD., #340  
TAMPA, FL 33606

**New Mailing Address:**

401 E. JACKSON STREET  
SUITE 1700  
TAMPA, FL 33602

**FEI Number:** 59-3315207      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RIEF, FRANK III  
442 W. KENNEDY BLVD., #340  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

RIEF, FRANK J III  
401 E. JACKSON STREET,  
SUITE 1700  
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK J. RIEF, III

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RISCIGNO, JAMES A  
Address: 3607 DONEGAL DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete  
Name: RISCIGNO, VIRGINIA A  
Address: 3607 DONEGAL DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: DUVA, CHARLES D  
Address: 1530 CORNERSTONE BLVD # 200  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T ( ) Delete  
Name: RISCIGNO, NICHOLAS V  
Address: 8961 S.W. 196 DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: RISCIGNO, JEFFREY C  
Address: 8 TALO CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA A. RISCIGNO

V

05/01/2009

Electronic Signature of Signing Officer or Director

Date