

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 JAN 20 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003503

1. Corporation Name

**The Riscigno Family Foundation, Inc.**

2. Principal Office Address - No P.O. Box #

**3607 Donegal Dr.**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

Zip

**32309**

Country

**USA**

3. Mailing Office Address

**3607 Donegal Dr.**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

Zip

**32309**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1994

5. FEI Number

**59-3315207**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Yes (1)

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Virginia A. Riscigno**

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

**3607 Donegal Dr.**

Suite, Apt. #, etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32309**

300281241023  
01/20/16--01025--016 \*\*245.00

01/22/16--01001--005 \*\*52.50

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

*Virginia A. Riscigno*

REGISTERED AGENT MUST SIGN

Date

*1-11-16*

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
P	James A. Riscigno	3607 Donegal Dr.	Tallahassee, FL 32309
V	Virginia A. Riscigno	3607 Donegal Dr.	Tallahassee, FL 32309
T	Charles D. Duva	1530 Cornerstone Blvd. #200	Daytona Beach, FL 32117
T	Nicholas V. Riscigno	8961 S.W. 196 Drive	Miami, FL 33157
T	Jeffrey C. Riscigno	4116 Taft St.	Hollywood, FL 33021

**REINSTATEMENT**

JAN 20 2016

10. E-mail Address: [ginger@rentalsbyginger.com](mailto:ginger@rentalsbyginger.com)

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

*Virginia A. Riscigno*

**VIRGINIA A. RISCIGNO**

*1-11-16*

*850-2129576*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #