

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 30 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De-08 Jh

REINSTATEMENT

600130445936
05/30/08--01004--004 **450.00

CR2E081 (12/07)

DOCUMENT # P04000046417

1. Corporation Name

RIGSA CORPORATION

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

18054 SW 29TH CT

Suite, Apt. #, etc.

3. Mailing Office Address

18054 SW 29TH CT

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33029

Country

U.S.A

Zip

33029

Country

U.S.A

4. Date Incorporated or Qualified

To Do Business In Florida 03/12/2004

5. FEI Number

200868664

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

RIOS, SAUL

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

18054 SW 29TH CT

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
P	RIOS, SAUL	18054 SW 29TH CT	MIRAMAR, FL 33029
S	GUTIERREZ, IVANIA	18054 SW 29TH CT	MIRAMAR, FL 33029

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/2008

Date

(954) 881-6818 Cel

Daytime Phone #

2/c

May, 27 2008

Whom may I Concern:

Dear: Department of State
Division of Corporations

My name is Saul Rios owner of RIGSA CORPORATION, I am sending you a check for the amount \$450.00 this is the amount that the examiner said and the application for reinstatement my corporation name, in fact I want to tell you we never received the paper to notify us we have to pay the annual report, and we did not had the knowledge of the annual report, and filling the reinstatement paper we notice that you do not have the correct address.

The correct address is: 18054 SW 29TH CT
Miramar ,FL 33029

Thank you, very much.


Saul Rios
RIGSA CORPORATIONS
President