

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000108836

1. Corporation Name

EIGGY, INC.

W09-44744

2. Principal Office Address - No P.O. Box #
2401 SE HALLAHAN STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE

City & State

Zip
34952-7241

Country
Highland

Zip
Country

7. Name and Address of Current Registered Agent

Name
SIGFRIDO NIEVES

Street Address (P.O. Box Number is Not Acceptable)
2401 SE HALLAHAN STREET

Suite, Apt. #, Etc.

City
PORT SAINT LUCIE

State
FL

Zip Code
34952

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

Sigfrido Nieves

REGISTERED AGENT MUST SIGN

Date 10/05/2009

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
PD	SIGFRIDO NIEVES	2401 SE HALLAHAN STREET	PORT SAINT LUCIE, FL 34952
VSTD	JUSUS PARALITICCI	35 HIGHLAND CIRCLE	NEEDHAM, MD 02494

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:

Sigfrido Nieves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/09

Date

772 812 3428

Daytime Phone #

FILED

09 NOV -2 AM 11:39

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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REINSTATEMENT 07-09