

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P07000098387

1. Entity Name
RIGARITA INC.



Principal Place of Business
3680 SE GATEHOUSE CIR #236
STUART, FL 34994

Mailing Address

3680 SE GATEHOUSE CIR #236
STUART, FL 34994

2. Principal Place of Business - No P.O. Box # *9387 SE Randal court apt B*

3. Mailing Address

Suite, Apt. #, etc.
Hobe Sound, FL

Suite, Apt. #, etc.

City & State

City & State

SAME

Zip *33455* Country *USA*

Zip

Country

6. Name and Address of Current Registered Agent

STEPANOVA, MARGARITA
3680 SE GATEHOUSE CIR #236
STUART, FL 34994

Name

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

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME STEPHANOVA, MARGARITA
STREET ADDRESS 3680 SE GATEHOUSE CIR #236
CITY-ST-ZIP STUART, FL 34994

Delete

TITLE D
NAME KOSTYREV, GUERMAN
STREET ADDRESS 3680 SE GATEHOUSE CIR #236
CITY-ST-ZIP STUART, FL 34994

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *OB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/08 772-8341339

Date

Daytime Phone #



10142008 REIN-P CR2E098 (1/07)

4. FEI Number *26-0881305* Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

MARGARITA Stepanova 9387 SE Randal court apt B Hobe Sound, FL 33455 106139696461 100139696461

Change Addition

Change Addition