

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000098387

1. Entity Name
RIGARITA INC.



FILED

09 JAN -6 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 RANDALL COURT apt B

Suite, Apt. #, etc.

More Sound, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State SAME

10142008 REIN-P CR2E098 (1/07)

4. FEI Number

26-0881305

Applied For

Not Applicable

Zip 33455

Country USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 STEPANOVA, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D MARGARITA
NAME STEPANOVA
STREET ADDRESS 9387 SE RANDALL COURT apt B
CITY-ST-ZIP MORE SOUND, FL 33455 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 100139696461 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 01/06/09--01019--012 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/29/08 772-8341339