

2016 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P15000049512

1. Entity Name
FIGGERS COMMUNICATION INC.



2016 OCT -3 PM 5:23

Principal Place of Business
413 SOUTH 11TH ST., STE A
QUINCY, FL 32351

Mailing Address
P.O. BOX 14987
TALLAHASSEE, FL 32317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10032016

REIN-P

CR2E098 (12/11)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGGERS, FREDDIE
413 SOUTH 11TH ST., STE A
QUINCY, FL 32351

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 *Freddie Figgers*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2017, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CEO
FIGGERS, FREDDIE
P.O. BOX 14987
TALL., FL 32317 ☐ Delete

TITLE
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

600290872976
10/03/16--01038--002 **500.00

600290872976
10/03/16--01038--003 **285.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: *Freddie Figgers*

10/3/2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS