PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~ 1998 FOR ~~AR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 NOV 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCC 11-23-98

DOCUMENT # P93000024938

1. Corporation Name

SKAGGS INCORPORATED

Principal Place of Business	Mailing Address
2826 54TH AVE. S. ST. PETERSBURG FL 33712 US	6106 THIRD STREET SOUTH ST. PETERSBURG FL 33705

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5145 34ST So	5145 34ST So
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG FL
Zip: 33711 Country: USA	Zip: 33711 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 04/05/1993

5. FEI Number: 59-3174709 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	SKAGGS, MARGARET	6106 THIRD ST. S.	ST. PETERSBURG FL
V	SKAGGS, ROGER W.	6106 THIRD STREET S.	ST. PETERSBURG FL
			400002707544--5 -12/09/98--01074--039 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SKAGGS, MARGARET A
~~6106 THIRD STREET SOUTH~~
ST. PETERSBURG FL 33705

9. Name and Address of New Registered Agent

Name: MARGARET A. SKAGGS
Street Address (P.O. Box Number is Not Acceptable): 5145 34 ST. So
Suite, Apt. #, Etc.:
City: ST. PETERSBURG State: FL Zip Code: 33711

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11/15/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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 REQUIRED 11/15/98 (727) 822-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARGARET A. SKAGGS

0065288 AE

(2)

Skaggs Inc 11/15/98
5145 34 St So.
St Petersburg Fl 33711
(727) 867-7875

Florida Department of State
Divisions of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314-6327

Dear Sir or Madam:

As instructed we have enclosed our check in the amount of $150.00 for reinstatement of our corporation as instructed.

Our address both for our store & Registered Agent have changed as indicated on the form. We have been advised this is a one time waver of the extra dollars and sincerely appreciate your assistance in this matter.

Margaret A. Skaggs
Pres. Skaggs Inc.