

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 MAY 23 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050748

1. Corporation Name

J.W. Donigan, Inc.

2. Principal Office Address

2831 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33431-7785

Country

USA

3. Mailing Office Address

2831 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33431-7785

Country

USA

REINSTATEMENT

02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/20/1993

5. FEI Number

65-0425539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey Donigan

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

2831 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431-7785

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

Jeffrey Donigan

REGISTERED AGENT MUST SIGN

Date

4/19/05

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
PSTD	Jeffrey Donigan	6361 Hollandaire Drive, Apt. E	Boca Raton, FL 33433

400055833294
06/07/05--01003--006 **1200.00

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 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:

Jeffrey Donigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/05

Daytime Phone #

(561) 395-5521

CR2E081 (01/04)