PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

00 APR 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000009983

**1.** Corporation Name

Donigan Enterprises Inc.

08/02/99    90008    018 -150.00

**2.** Principal Office Address

3201 Glenmoor Dr.

Suite, Apt. #, etc.

**3.** Mailing Office Address

Po Box 6804

Suite, Apt. #, etc.

**4.** Date Incorporated or Qualified To Do Business in Florida   2-6-95

City & State

West Palm Bch Fl.

City & State

Lakeworth Fl.

**5.** FEI Number

65-054-9026

Applied For

Not Applicable

Zip

33409

Country

P.B.C

Zip

33466-6804

Country

P.B.C

**6.**

CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Donald J Hannigan

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

3201 Glenmoor Dr.

Suite, Apt. #, Etc.

REINSTATEMENT  4-9-00

City

West Palm Bch

State

FL

Zip Code

33409

**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 _____

REGISTERED AGENT MUST SIGN

Date   4-14-2000

**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 |
|---|---|---|---|
| Pres. | Donald J Hannigan | 3201 Glenmoor Dr. | W.P.B Fl. 33409 |
| | | | 800003235498---9 -05/02/00--01071--001 ****750.00  ****750.00 |
| | | | |

**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: _____ Donald J. Hannigan   4-14-2000   561-373-9303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/99)