

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 22 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000078915**

1. Corporation Name

RIGSBY SALES & SERVICE, INC.

Principal Place of Business

**2340 CORTEZ ROAD
JACKSONVILLE FL 32246**

Mailing Address

**2340 CORTEZ ROAD
JACKSONVILLE FL 32246**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1995

5. FEI Number

**APP FOR
227-64-9635**

☒ Applied For
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RIGSBY, NINA W	2340 CORTEZ ROAD	JACKSONVILLE FL 32246
D	RIGSBY, STEVE	2340 CORTEZ ROAD	JACKSONVILLE FL 32246

**200002014742--5
11/26/96-0111-031
***375.00 ***375.00**

8. Name and Address of Current Registered Agent

**MICKLER, ALBERT H
5452 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

9. Name and Address of New Registered Agent

Name **STEVEN P. RIGSBY / AL MICKLER**
Street Address (P.O. Box Number is Not Acceptable) **5422**
2340 CORTEZ ROAD ARLINGTON EXP
Suite, Apt. #, Etc.
City **JACKSONVILLE** State **FL** Zip Code **32246**

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 OF REGISTERED AGENT
STEVEN P. RIGSBY

Date **11-20-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN P. RIGSBY

Date

11-20-96

Daytime Phone #

**1-800-691-2687
(904) 241-5025**