

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000070006

1. Corporation Name

RIGNEY, INC.

Principal Place of Business

8701 NORTH 13TH STREET
TAMPA FL 33604

Mailing Address

8701 NORTH 13TH STREET
TAMPA FL 33604

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

08/21/1996

5. FEI Number

59-3398490

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RIGNEY, JERRY J.	8701 N. 13TH ST.	TAMPA FL 33604
VST	RUNYAN, CATHERINE N	8701 NORTH 13TH STREET	TAMPA FL 33604

500009005925
11/14/02--01067--013 **150.00

8. Name and Address of Current Registered Agent

RIGNEY, JERRY J
8701 NORTH 13TH STREET
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/14/02

11. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/02

Daytime Phone #

CR2ED40 (8/02)

Rigney Inc.

[Click here and type return address]

8701 N. 13 ST.

Tampa, FL 33604


November 11, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We issued a check for this payment on May 1, 2002. (1117#) I have talked to my accountant, who has verified that this check has not cleared at my bank. As instructed by phone, I am issuing another check for 150 dollars. My accountant is available to speak to you. Ms. Janice Reed at (727)847-2277.

Sincerely,


Jerry Rigney.
President