

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 Jan 28 PM 4:00

DOCUMENT # P970000074774

1. Corporation Name

Ferrigan Enterprises, Inc.

2. Principal Office Address

3. Mailing Office Address

3301 Placida Rd. Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Englewood FL

Same

Zip

Country

Zip

Country

3422.4

US

Same

US

4. Date Incorporated or Qualified  
To Do Business in Florida

8/27/97

5. FEI Number

59-3464511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100004917081--3

-02/13/02--01099--004

\*\*\*\*\*300.00 \*\*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

Joseph Peter Ferrigan

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

4462 Chase Oaks Dr. 100004917081--3

Suite, Apt. #, Etc.

-02/13/02--01099--005

\*\*\*\*\*8.75 \*\*\*\*\*8.75

City

Sarasota

State

FL

Zip Code

34241

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

*Joseph Peter Ferrigan*

Date

REGISTERED AGENT MUST SIGN

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

P Ferrigan, Joseph Peter 4462 Chase Oaks Dr. Sarasota, FL 34241

VPS Ferrigan, Virginia Same as Above Same as Above

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

*Joseph Peter Ferrigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-01

Date

941-474-4601

Daytime Phone #

CR2E081 (9/00)

SARASOTA, FL 34241

September 28, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Ferrigan Enterprises, Inc.  
P97000074774

Dear Reader:

~~We were unaware that our business had been dissolved. We had never received the UBR forms,~~  
therefore, did not pay the required fees.

~~Upon speaking with personnel at the Division of Corporations, we were told that since we did not~~  
receive the UBR forms we would not be liable for the reinstatement fee.

Leslie at the Division of Corporations said to provide them with a letter stating we did not receive  
the 2000 and 2001 UBR forms and a check in the amount of \$300, which would cover these years.

Please find enclosed, as instructed, the check in the amount of \$300.

Principal Place of Business:  
Thoroughbred Golf Carts  
3301 Placida Road  
Englewood, Florida 34224

941-698-1010 Fax 941-698-1033

4462 Chase Oaks Drive  
Sarasota, FL 34241

If you have any questions, please contact us.

Sincerely,

  
Virginia Ferrigan

Enclosure