

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

99 OCT 25 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037325

1. Corporation Name

RIGGS CONSULTING, INC.

Principal Place of Business

Mailing Address

5854 SW 31ST STREET  
MIAMI FL 33155

5854 SW 31ST STREET  
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1998

5. FEI Number

65-0837597

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	RIGGENBACH, LEE	5854 SW 31ST STREET	MIAMI FL 33155
			LS

8. Name and Address of Current Registered Agent

SMITH, SAMUEL E  
420 SOUTH DIXIE HWY., STE. 4KA  
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

Arlene Joyce Avon

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

13540 SW 98 Court

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33174

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

REGISTERED AGENT MUST SIGN

Date 10/19/99

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:

Lee A. Riggenbach - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/99 305-669-9057

Daytime Phone #

(2)

## Riggs Consulting, Inc.

*Lee A. Riggensbach, President*

5854 SW 31 Street  
Miami, FL USA  
33155-4016

Phone: Day 305-669-9057  
Fax 305-669-8916  
E-mail leer@riggenschach.org

October 20, 1999

State of Florida  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Document # P98000037325

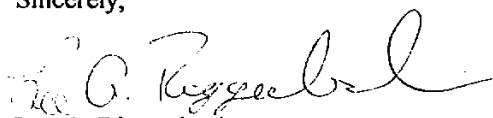
To whom it may concern:

During the week of October 15<sup>th</sup> I received the subject document. On the Oct. 15<sup>th</sup>, I checked the status of the check I had written earlier this year and found that you had cashed it (Check 2891 was cashed on 6/10).

Concerned, I called you all and spoke to Sean on Friday Oct. 15<sup>th</sup>. Sean instructed me to write this letter and attach it to the subject document returning to you. He said that it would be taken care of at that time.

I thank you for your time and consideration in this matter.

Sincerely,

  
Lee A. Riggensbach  
President