

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 25 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057433

1. Corporation Name

DRIGGERS BODY CO. INC.

W06-47231

2. Principal Office Address

3526 N PEARL ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip  
32206

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 24, 1999

5. FEI Number

59-3585908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

04-06

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

Name

EDWARD L. DRIGGERS

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

3526 N PEARL STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State

FL

Zip Code

32206

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

See Attached for signature

Date 10/05/06

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	CHRISTOPHER ADAM DRIGGERS	4380 GATE LN	JAX. FL. 32226
T	TERRY H DRIGGERS	12641 DUNN CREEK ROAD	JAX. FL. 32218
VP	JAMIE DRIGGERS	4380 GATE LN	JAX. FL. 32226
			000091177720 10/25/06--01008--006 **500.00
			000091177720 10/25/06--01008--017 **500.00
			000091177720 10/25/06--01008--008 **50.00

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 contained in Chapter 119, 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:

Christopher A Driggers


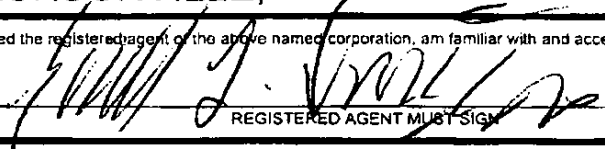
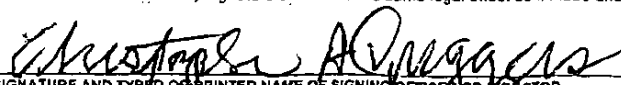
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/06 904-6321938

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		For RA Signature Only	
DOCUMENT # P99000057433 1. Corporation Name <b>DRIGGERS BODY CO. INC.</b>					
2. Principal Office Address <b>3526 N PEARL ST</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc.		CR2E081 (12/05)	
City & State <b>JACKSONVILLE, FL</b>		City & State			
Zip <b>32206</b>	Country <b>USA</b>	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida <b>JUNE 24, 1999</b>				5. FEI Number <b>59-3585908</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Name and Address of Current Registered Agent Name <b>EDWARD L. DRIGGERS</b> Street Address (P.O. Box Number is Not Applicable) <b>3526 N PEARL STREET</b> Suite, Apt. #, Etc. City <b>JACKSONVILLE,</b>					
State <b>FL</b>					
Zip Code <b>32206</b>					
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  Date <b>10/05/06</b> 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		
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SIGNATURE: 		10/05/06 904-6321938			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

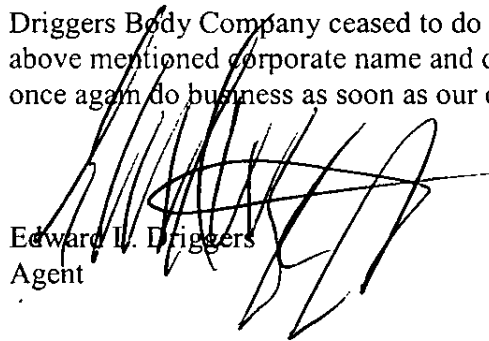
October 4, 2006

Florida Department of State  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Re: Driggers Body Co.  
Document #P99000057433

To Whom It May Concern:

Driggers Body Company ceased to do business on October 1, 2004. Please reinstate the above mentioned corporate name and document number. Driggers Body Company will once again do business as soon as our corporate status has been reinstated.

  
Edward L. Driggers  
Agent