

060 742 088  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S98755

1. Corporation Name

PURSLEY/RIGSBY, INC.

Principal Place of Business

5803 BRADEN RUN  
BRADENTON FL 34202-9402

Mailing Address

P.O. BOX 1448  
ATTN: LINDA SANDERS  
PALMETTO FL 34220  
US

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

2. New Principal Office Address, If Applicable

9115 38th Dr E.

Suite, Apt. #, etc.

Suite B

City & State

BRADENTON FL

Zip

34202

Country

MAINE

3. New Mailing Office Address, If Applicable

SAME AS

Suite, Apt. #, etc.

Principal

City & State

Office Address

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1991

5. FEI Number

65-0312058

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 all officers and directors.)

Title(s)	Name of Officers and/or Directors	Street Address	City / State / Zip
DST	LECKEY, LINDA	5803 BRADEN RUN 9115 38th Dr. E.	BRADENTON FL
DP	RIGSBY, ROBERT Delete	10071 PALM CREEK DR.	N. FT. MYERS FL
DSV	PURSLEY, TRICIA K	5803 BRADEN RUN 9115 38th Dr. E.	BRADENTON FL
D	PURSLEY, WALTER JR	5803 BRADEN RUN 9115 38th Dr. E.	BRADENTON FL
DT	RIGSBY, HELEN Delete	10071 PALM CREEK DR.	N. FT. MYERS FL
DDP	LECKEY, PHILLIP D.	5803 BRADEN RUN 9115 38th Dr. E.	BRADENTON FL

8. Name and Address of Current Registered Agent

LECKEY, PHILLIP  
5803 BRADEN RUN  
BRADENTON FL 34202

9. Name and Address of New Registered Agent

Name

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

9115 38th Dr. E.

Suite, Apt. #, Etc.

Suite B

City

BRADENTON

State

FL

Zip Code

34202

10. I, being appointed the registered agent of the abovenamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Phillip D. Leckey*

REGISTERED AGENT MUST SIGN

Date 11/1/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Phillip D. Leckey*

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\*\*\*750.00 \*\*\*750.00

11/1/99

Date

Daytime Phone #

002540 (8/95)