

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24184

1. Corporation Name

R&R CORPORATE SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #

1516 CAPITAL CIRCLE SE

Suite, Apt. #, etc.

C-3

City & State

TALLAHASSEE, FL

Zip

32301

Country

US

3. Mailing Office Address

1516 CAPITAL CIRCLE SE

Suite, Apt. #, etc.

C-3

City & State

TALLAHASSEE, FL

Zip

32301

Country

US

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1992

5. FEI Number

59-3176914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IGLER, A. GEORGE

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

2457 CARE DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

A. George Igler
REGISTERED AGENT MUST SIGN

Date 09/26/2008

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	RIGBY, ROSE	711 LUPINE LANE	TALLAHASSEE, FL 32308
V	RIGBY, RON	711 LUPINE LANE	TALLAHASSEE, FL 32308
M	RIGBY, WILLIAM	PO BOX 453	WABASSO, FL 32970

300136533333
10/01/08-01043-026 **1058.75

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:

Ron Rigby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON RIGBY, VICE PRES 09/26/2008

Date

850-297-2220

Daytime Phone #