

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000005960

1. Corporation Name

ROGER HAIGLER AND ASSOCIATES, INC.

700141491277
02/24/09--01009--009 **150.00

700141491277
01/20/09--01057--001 **900.00

REINSTATEMENT 07-09

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

45 MINT CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

45 MINT CIRCLE

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

MIDDLEBURG, FL

Zip

32068

Country

CLAY

Zip

32068

Country

CLAY

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/2003

5. FEI Number
84-1634116

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

ROGER D HAIGLER

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

45 MINT CIRCLE

Suite, Apt. #, Etc.

City

MIDDLEBURG

State

FL

Zip Code

32068

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
D,P	ROGER D HAIGLER	45 MINT CIRCLE	MIDDLEBURG, FL 32068

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:

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/2008

Date

(904) 424-2868

Daytime Phone #

2/24