

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **527369**

1. Corporation Name

ROGERS, COLEMAN, PENDAS, KNAPP & DILL, P.A.

Principal Place of Business

Mailing Address

34 E. PINE ST.
PO BOX 3427
ORLANDO FL 32801

34 E. PINE ST.
PO BOX 3427
ORLANDO FL 32801

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

03/09/1977

5. FEI Number

59-1737994

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROGERS, W. DAVID JR.	205 JASMINE LANE	LONGWOOD FL 32750
VST	BOWLING, DUNCAN B III	1334 HARBOR ISLAND RD.	ORLANDO FL 32806
V	Coleman, James A.	5138 Keeneland Circle	Orlando, FL 32819
ST	Pendas, Luzardo	8654 Crestgate Circle	Orlando, FL 32819
			400023712724 10/10/03--01072--013 **750.00

8. Name and Address of Current Registered Agent

ROGERS, W DAVID JR.
34 E. PINE ST.
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

W David Jr
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/08/2003

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:

W David Jr
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/2003

Date

(407) 849-6459

Daytime Phone #

CR2E040 (7/03)