

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN -7 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 653388

1. Corporation Name

ROGER ROY REALTY INC.

300165131913  
01/07/10--01037--013 \*\*450.00

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

4103 CARRIAGE DR.

3. Mailing Office Address

4103 CARRIAGE DR.

Suite, Apt. #, etc.

H1

Suite, Apt. #, etc.

H1

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33069

Country

U.S.A.

Zip

33069

Country

U.S.A.

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/24/80

5. FEI Number

59-2018277

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

ROY ROGER

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

4103 CARRIAGE DR.

Suite, Apt. #, Etc.

H1

City

POMPANO BEACH

State

FL

Zip Code

33069

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

JAN. 04/10

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
PD	ROY ROGER	4103 CARRIAGE DR. H1	POMPANO BEACH FL. 33069
SD	ROY NICOLE	4103 CARRIAGE DR H1	POMPANO BEACH FL. 33069
	REINSTATEMENT	RH	

10. E-mail Address: HERMENE1@NETZERO.COM

(To be used for future annual report notification)

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. I further certify 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:

ROGER ROY *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 04/10 954-974-1115

Daytime Phone #