

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 28 PM 12:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000006837

1. Corporation Name

Rogers Electric Service Corporation

200119043542
02/28/08--01032--014 **1058.75

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

2050 Marconi Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Alpharetta, GA

Zip

30005

Country

USA

3. Mailing Office Address

2050 Marconi Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Alpharetta, GA

Zip

30005

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/05

5. FEI Number
20-3065430

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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]

Terence Hardley Asst. Secretary

Date **2/25/08**

REGISTERED AGENT MUST SIGN

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
President	Lin R. Rogers	2050 Marconi Dr. Ste 200	Alpharetta, GA 30005
Vice President	Michael R. Finnell	2050 Marconi Dr. Ste 200	Alpharetta, GA 30005
Secretary	Kenneth F. Webb	2050 Marconi Dr. Ste 200	Alpharetta, GA 30005
Treasurer	Kenneth F. Webb	2050 Marconi Dr. Ste 200	Alpharetta, GA 30005

REINSTATEMENT

06-07
132/29/08

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08

Date

707-723400

Daytime Phone #