

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 PH 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F83312

1. Corporation Name

JOHN B. ROGERS, P.A.

Principal Place of Business

Mailing Address

% JOHN B ROGERS, ESQ.
1881 UNIVERSITY DRIVE, STE 200-
CORAL SPRINGS FL 33071

% JOHN B ROGERS, ESQ.
1881 UNIVERSITY DRIVE, STE 200-
CORAL SPRINGS FL 33071

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

06/01/1982

5. FEI Number

59-2201573

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROGERS, JOHN B ESQ	1881 UNIVERSITY DR 206	CORAL SPRINGS, FL 00000

000023700700
10/10/03--01022--004 **150.00

8. Name and Address of Current Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

SIGNATURE: John B. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03

954-752-9198

CR2040 (7/03)

Law Offices of
John B. Rogers, P.A.

FLORIDA & NEW YORK BARS
(954) 752-9198
Fax: (954) 341-2969

UNIVERSITY DRIVE, PROFESSIONAL PLAZA
3881 UNIVERSITY DRIVE, SUITE 100
Coral Springs, Florida 33071

OF COUNSEL
RICHARD B. MARTIN*
JOHN E. MOLINARI*
Freeport, New York 11520
*NEW YORK BAR ONLY

October 8, 2003

SENT VIA REG. U.S. MAIL

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: John B. Rogers, P.A.
FEI No.: 59-2201573

Dear Sir/Madam:

This is to advise you that my office never received the annual renewal form. This has never happened before and this is our first notice. Therefore, according to the woman my secretary spoke with at your office today, I am sending you this letter, the fully executed renewal form and my check in the amount of \$150.00, representing the annual renewal fee.

Please note we have changed our suite number to Suit 100. Our postman knows of this change and has placed our mail in the correct mailbox.

Thank you for your courtesy in this matter.

Very truly yours,


John B. Rogers, Esq.

JBR:alz