SEP-18-96 WED 14:47 R A CORPORATE FAX NO. 7045418673 P.14

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 24 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000004511

1. Corporation Name

ROGERS-AMERICAN COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~POST OFFICE BOX 473510~~ ~~CHARLOTTE NC 28247-3510~~	~~POST OFFICE BOX 473510~~ ~~CHARLOTTE NC 28247-3510~~

REINSTATEMENT 96aw

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
P.O. BOX 18004	P.O. BOX 18004
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33679-8004 Country: HILLSBOROUGH	Zip: 33679-8004 Country: HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/1995

5. FEI Number: ~~APPLIED FOR~~ 59-3398547 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~CD~~ V.P.	ROGERS, CURTIS L SR	7315 PINEVILLE-MATTHEWS ROAD	CHARLOTTE NC 28247
~~PD~~ V.P.	HOLSTEIN, DOUGLAS	7315 PINEVILLE-MATTHEWS ROAD	CHARLOTTE NC 28247
S	CARTER, MARTY	7315 PINEVILLE-MATTHEWS ROAD	CHARLOTTE NC 28247
P.	L.C. HICKS, JR	3108 AZEELE STREET	TAMPA, FL 33679
			800002040538--9 -12/30/96--01011--019 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Signature of Registered Agent: PETER F. SOUZA ASSISTANT SECRETARY Date: 10/11/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: L.C. Hicks JR 11/12/96 813 2812999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #