

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K 41912

1. Corporation Name
NEIL ROGERS, INC.

2. Principal Office Address
4300 N. UNIVERSITY DR.
Suite, Apt. #, etc. **D-202**
City & State **Ft. LAUDERDALE, FL.**
Zip **33351** Country **USA**

3. Mailing Office Address
4300 N. UNIVERSITY DR.
Suite, Apt. #, etc. **D-202**
City & State **Ft. LAUDERDALE FL.**
Zip **33351** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **10/28/1988**

5. FEI Number **65-0087901**
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 **RICHARD C. ENTIN ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
4300 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc. **D-202**

City **Ft. LAUDERDALE** State **FL** Zip Code **33351**

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  Date **6/20/01**

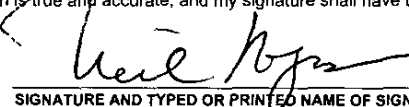
REGISTERED AGENT MUST SIGN

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
PD	ROGERS, NEIL	11781 N.W. 24 Street	PLANTATION, FL. 33323
	201.25-AR		
	10.00-ARAPRS		
	88.75-ARsupp		

me

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 under section 119.07(3)(l), 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:  **NEIL ROGERS Pres.** Date **6/20/01** Daytime Phone # **370-7366**

CR2E081 (9/00)

LAW OFFICES OF

RICHARD C. ENTIN

TEL: (954) 746-0000
FAX: (954) 746-0003
E-MAIL: RCE048@AOL.COM

4300 N. UNIVERSITY DRIVE, SUITE D-202, FT. LAUDERDALE, FLORIDA 33351

June 20th, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

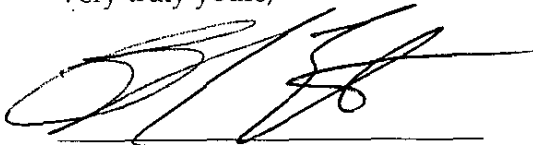
Re: Neil Rogers, Inc.

Gentlemen:

Enclosed herewith please find the Reinstatement form for Neil Rogers, Inc.

You will note that we have enclosed a check in the amount of \$300.00 for reinstatement rather than the \$900.00 and are requesting that there be a waiver of reinstatement. You will note that both the address of the Registered Agent where notices are normally sent, is different than the old principal place of business and of the address which was 8411 W. Oakland Park Boulevard. When we moved in the summer of 1999, I experienced trouble with the Post Office in getting some of the forwarded mails and although you most probably sent the package last year to our office, we never received it. It was this oversight that caused our failure to file the Annual Report last year and a frantic call from our client recently that led me to discover the error. You will note, that since the inception of the Corporation, we have always timely filed the Annual Reports. Based and predicated on the above, we are requesting the waiver of the reinstatement fee.

Very truly yours,



Richard C. Entin

RCE/e
encls.

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