

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JAN 10 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LS000102492

1. Limited Liability Company's Name

ROGERS DEVELOPMENTS-1 LLC  
113 E. College Ave Ste 200  
Tall, FL 32301

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

113 E. College Ave

Suite, Apt. #, etc

STE 200

City & State

Tall, FL

Zip

32301

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc

City & State

Zip

Country

CR2E041 (1/11)

09-12

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/18/05

6. FEI Number

20-3356605

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mike Rogers

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

113 EAST College Ave Suite 200

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

200217743752  
01/10/12--01012--024 \*\*1075.00

Mike @ ROGERS DEVELOPMENTS.COM  
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

[Signature]

Date

1/10/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State / Zip
MEM	JEFFREY J HITTALGER	6770 Circle S, Ave	Tall, FL 32303
MEM	Michael J. Rogers	113 E. College Ave STE 200	Tall, FL 32301
			B. BOSTICK JAN - 9 2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

[Signature]

Date

1/10/12

Daytime Phone #

850-566-2562

Typed or printed name of signing Managing Member/Manager