

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1472

**APPLICATION FOR REINSTATEMENT**

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

DOCUMENT # **M79379**

1. Corporation Name

**ROG N BEC CORPORATION**

98 NOV 25 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O ROGER T. SANFORD  
~~RT-3 BOX 82~~  
OLD TOWN FL 32680

C/O ROGER T. SANFORD  
~~RT-3 BOX 82~~  
OLD TOWN FL 32680



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

4. Date Incorporated or Qualified To Do Business in Florida

05/04/1988

Suite, Apt. #, etc.

7490 N. U.S. Hwy 19

Suite, Apt. #, etc.

7490 N. U.S. Hwy 19

City & State

City & State

5. FEI Number

59-2890286

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---------------------------------------------------------------------------------------|----------------------|
| D          | SANFORD, ROGER T.                   | <del>ROUTE 3 BOX 82</del><br>7490 N. U.S. Hwy 19                                      | OLD TOWN FL 32680    |
| D          | SANFORD, REBECCA G.                 | <del>ROUTE 3 BOX 82</del><br>7490 N. U.S. Hwy 19                                      | OLD TOWN FL 32680    |
|            |                                     |                                                                                       |                      |
|            |                                     |                                                                                       |                      |
|            |                                     |                                                                                       |                      |
|            |                                     |                                                                                       |                      |
|            |                                     |                                                                                       |                      |

000002703860--3  
-12/04/98--01107--011  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANFORD, ROGER T.

~~RT-3 BOX 82~~

7490 US HWY 19

OLD TOWN FL 32680

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Rebecca Sanford*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-23-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Rebecca Sanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-98

Date

352-463-2188

Daytime Phone #

CR2E040 (9/98)

CADILLAC MOTEL  
7490 N. US HWY. 19  
FANNING SPRINGS  
OLD TOWN, FL 32880

262

59-2890286

Rog N Bec Corp.

11-23-98

Fla. Dept of State

I just received your paper saying our corp. was being dissolved due to not filling 1998 dues.

I never received the first renewal form; due to the fact that our area just went through a new 911 address change last year. The post office didn't forward a lot of our mail and has caused a problem with many of our business dealings. We haven't move. I called your office as soon as I received the letter you sent this week. I was told you'd waive the fee this once since I never got the first letter. I to send this letter along with \$150.00. which is enclosed.

Thank you for your understanding.

P.S. I take great pride in never being late on any of our bills.

Rebecca Sanford  
Rog N Bec Corp