

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002832

1. Corporation Name

THE WILLIAM AND PAULA ROGERS FOUNDATION, INC.

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

17441 S.E. CONCH BAR AVE.

3. Mailing Office Address

17441 S.E. CONCH BAR AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

Zip

33469

Country

US

Zip

33469

Country

US

7. Name and Address of Current Registered Agent

Name
WILLIAM F. ROGERS, JR.

Street Address (P.O. Box Number is Not Acceptable)
17441 S.E. CONCH BAR AVE.

Suite, Apt. #, Etc.

City
TEQUESTA, FL

State
FL

Zip Code
33469

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

William F. Rogers Jr.

REGISTERED AGENT MUST SIGN

Date 10/22/07

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
D	WILLIAM F. ROGERS, JR.	17441 S.E. CONCH BAR AVE.	TEQUESTA, FL 33469
D	PAULA T. ROGERS	17441 S.E. CONCH BAR AVE.	TEQUESTA, FL 33469
D	LISA HARRISON	17441 S.E. CONCH BAR AVE.	TEQUESTA, FL 33469
	<i>11/26</i>		

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 contained in Chapter 119, 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:

William F. Rogers Jr.

WILLIAM F. ROGERS, JR.

10/22/07

561-745-2118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 NOV-20 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100112461041
11/20/07--01035--004 **122.50

REINSTATEMENT 06-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/24/2000

5. FEI Number

65-1041678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.