


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2006 ANNUAL REPORT					
DOCUMENT # P 00000 116853					
1. Corporation Name JOE ROHER INC.					
2. Principal Office Address 4706 QUEEN PALM LANE Suite, Apt. #, etc.			3. Mailing Office Address 4706 QUEEN PALM LANE Suite, Apt. #, etc.		
City & State TAMARAC FL			City & State TAMARAC FL		
Zip 33319	Country USA	Zip 33319	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 1/2/2001	
				5. FEI Number 65-1077720	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name ROHER, JOE					
Street Address (P.O. Box Number is Not Acceptable) 4706 QUEEN PALM LANE					
Suite, Apt. #, Etc.					
City TAMARAC				State FL	Zip Code 33319
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 Joe Rohrer REGISTERED AGENT MUST SIGN					
Date 3-6-2006					
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	
P	ROHER, JOE	4706 QUEEN PALM LANE		TAMARAC FL 33319	
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:		Joe Rohrer		3-6-2006 954 535-1986	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -8 PM 3:22

800068112048
03/20/06--01027--026 **150.00
CR2E081 (12/05)

CEL 754-246-7002