

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # PO1000053639

1. Corporation Name

Roy Rogers & Associates, Inc.

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

700 S. Andrews Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

700 S. Andrews Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

7. Name and Address of Current Registered Agent

Name

Roy Rogers

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

700 South Andrews Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered AgentRoy RogersDate 2/23/07

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
PRST	<u>Roy Rogers (P)</u>	<u>700 South Andrews Ave</u>	<u>Fort Lauderdale FL 33316</u>
Sec	<u>Roy Rogers (S)</u>	<u>700 South Andrews Ave</u>	<u>Fort Lauderdale FL 33316</u>
V.P.	<u>Roy Rogers (VP)</u>	<u>700 South Andrews Ave</u>	<u>Fort Lauderdale FL 33316</u>
Treas	<u>Roy Rogers (T)</u>	<u>700 South Andrews Ave</u>	<u>Fort Lauderdale FL 33316</u>

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:

Roy Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

954-76428

Daytime Phone #

2007 FEB 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600089718266

03/01/07--01002--002 **1208.75

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business In Florida5/23/01

5. FEI Number

651113629

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.