

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03-DEC-12 AM 2:54

DOCUMENT # P01000105499
1. Corporation Name
Rogers Landscaping Supplies Inc.

2. Principal Office Address 1126 Land O Lakes Blvd.		3. Mailing Office Address PO Box 835	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lutz FL		City & State Lutz FL	
Zip 33549	Country Pasco	Zip 33548	Country Pasco

800025464658
12/12/03--01063--019 **300.00

4. Date Incorporated or Qualified To Do Business in Florida 97

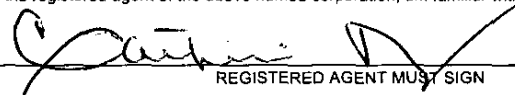
5. FEI Number 59-375-1901
Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Catherine Rogers
Street Address (P.O. Box Number is Not Acceptable) 310 1st Ave SW
Suite, Apt. #, Etc.
City Lutz State FL Zip Code 33548

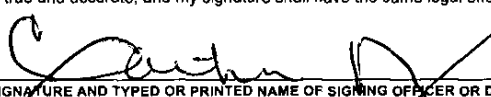
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 12/5/03
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
P	Catherine Rogers	310 1st Ave SW	Lutz FL 33548

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 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:  12/5/03 (8:3) 949-8339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #