

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

DOCUMENT # P02000018090

1. Corporation Name

ROE PROPERTIES, INC.

Principal Place of Business

Mailing Address

152 STEEPLECHASE CIRCLE
SANFORD FL 32771

POST OFFICE BOX 950448
LAKE MARY FL 32795-0448

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

24715 Adair Ave

Suite, Apt. #, etc.

Sorrento, FL

City & State

32776

Zip

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2002

5. FEI Number

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	4 City / State / Zip
PD	ROE, ALLAN	152 STEEPLECHASE CIRCLE 24715 Adair Ave	SANFORD FL 32771 Sorrento, FL 32776
SD	ROE, JULIE	152 STEEPLECHASE CIRCLE 24715 Adair Ave	SANFORD FL 32771 Sorrento, FL 32776

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Allan Roe

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

24715 Adair Ave

Suite, Apt. #, Etc.

City

Sorrento

State

FL

Zip Code

32776

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. or 617.0505, F.S.

Signature of
Registered Agent

Allan Roe

REGISTERED AGENT MUST SIGN

Date

10/2/03

11. 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:

Allan Roe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/03

Daytime Phone #

CR2E040 (7/03)