

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 902900034034

1. Corporation Name

Rogers Beach Development  
INC.

**REINSTATEMENT** 03

100025259581  
12/05/03--01053--024 \*\*750.00

2. Principal Office Address

200 Brightwater Dr

Suite, Apt. #, etc.

# 2

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Clearwater Beach, FL

City & State

SAME

Zip

33767

Country

Pinellas

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

4/2002

5. FEI Number

03-0426446

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

Roland Rogers

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

200 Brightwater Dr

Suite, Apt. #, Etc.

# 2

City

Clearwater Beach

State

FL

Zip Code

33767

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

REGISTERED AGENT MUST SIGN

Date 12/3/03

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
Pres	Roland Rogers	200 Brightwater Dr # 2	CLW Beach, FL 33767
Sec	Roland Roger	( SAME )	
Treas	Roland Rogers	( AS ABOVE )	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/03

Daytime Phone #

512-0468

CR2E081 (10/02)