

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 # PO2900034034

1. Corporation Name
Rogers Beach Development INC.

REINSTATEMENT 03

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

2. Principal Office Address <u>#2</u>		3. Mailing Office Address	
<u>200 BRIGHTWATER DR</u>		<u>SAME</u>	
Suite, Apt. #, etc. <u># 2</u>		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>CLEARWATER BEACH, FL</u>		City & State <u>SAME</u>	
Zip <u>33767</u>	Country <u>Pinellas</u>	Zip <u>SAME</u>	Country <u>SAME</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>4/2002</u>	
5. FEI Number <u>03-0426446</u>	Applied For <input type="checkbox"/> 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 <u>ROLAND ROGERS</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>200 BRIGHTWATER DR</u>	
Suite, Apt. #, Etc. <u># 2</u>	
City <u>CLEARWATER BEACH</u>	State Zip Code <u>FL 33767</u>

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 [Signature] 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
<u>PRES</u>	<u>ROLAND ROGERS</u>	<u>200 BRIGHTWATER DR # 2</u>	<u>CLW BEACH, FL 33767</u>
<u>SEC</u>	<u>ROLAND ROGER</u>	<u>(SAME)</u>	
<u>TREAS</u>	<u>ROLAND ROGERS</u>	<u>(AS ABOVE)</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 under section 119.07(3)(l), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/3/03 (727) 512-0468 Daytime Phone #

CR2E081 (10/02)