

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000111753**

1. Corporation Name

AA RODGERS & COMPANY, INC.

Principal Place of Business

Mailing Address

**8002 LAGOS DE CAMPO BLVD #201
TAMARAC FL 33321**

**8002 LAGOS DE CAMPO BLVD #201
TAMARAC FL 33321**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

04-3719013

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
DP	RODGERS, ADAM	8002 LAGOS DE CAMPO BLVD #201	TAMARAC FL 33321
DV	RODGERS, ANDREA	8002 LAGOS DE CAMPO BLVD #201	TAMARAC FL 33321

400023920184

10/17/03-01092-017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODGERS, ADAM

8002 LAGOS DE CAMPO BLVD #201

TAMARAC FL 33321

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Adam Rodgers

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Andrea Rodgers

Andrea Rodgers 10/10/03

Date

Daytime Phone #

**0154
275
3448**

CR2E040 (7/03)

Licenses
CC#90-1193
Occ. #211043



AA Rodgers & Company, Inc.

6805 W. Commercial Blvd. #201
Tamarac, FL 33319
Phone (954) 741-4001 Fax (954) 747-1366

October 14, 2003

To Whom It May Concern:

We have never received any paperwork regarding this issue. We have no problem paying the \$150.00 and would have gladly sent it.

Thank you very much for understanding our issue, please find favor with us and reinstate our corporation.

Sincerely,

Andrea Rodgers
Vice President

Document # P02 000 111753