

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -7 PM 12:50

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000018897

1. Corporation Name

SHANNON W. ROGERS, P.A.

W06 - 3003

2. Principal Office Address

2000 WEBBER STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34239

Country

USA

3. Mailing Office Address

2000 WEBBER STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34239

Country

USA

100067013451

03/03/06--01022--027 **450.00

REINSTATEMENT 04-06

CR2E081 (8/05)

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

2/17/03

5. FEI Number

91-2185528

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

SHANNON W. ROGERS

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

2000 WEBBER STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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

Dec. 28, 2005

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 | SHANNON W. ROGERS | 2000 WEBBER STREET | SARASOTA, FL 34239 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 28, 2005

Date

Daytime Phone #

(941) 920-5454

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SHANNON W. ROGERS, P.A.
2000 Webber Street
Sarasota, Florida 34239

December 19, 2005

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Uniform Business Report, 2004 and 2005
F.E.I.N. 91-2185528

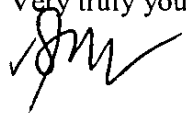
Dear Sir/Madam:

Our report was not filed in a timely manner due to never receiving notice from the State regarding the 2004 and 2005 Annual Uniform Business Report. Enclosed please find our check in the amount of \$300.00 to cover the original filing fees along with our report.

Please notify us of your response to this letter in writing to the above address.

Thank you for your consideration and assistance in this matter.

Very truly yours,



Shannon W. Rogers
Enclosures