

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 26 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000011891

1. Corporation Name

~~Rogers~~ Rogers Carpet Service Inc.

321 Lime St.

2. Principal Office Address

3. Mailing Office Address

321 Lime St.

Suite, Apt. #, etc.

Bartow Fl.

Suite, Apt. #, etc.

City & State

City & State

Bartow Fl 33830

Zip

33830

Country

Zip

Country

REINSTATEMENT

05-06

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

5. FEI Number

030535115

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

Roger Skerins

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

401 N. 18th St.

Suite, Apt. #, Etc.

Haines City Fl 33844

City

State

FL

Zip Code

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

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
D	Roger Skerins	401 N. 18th St.	Haines City Fl 33844

000082825840
12/28/06--01043--007 **308.75

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 contained in Chapter 119, 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

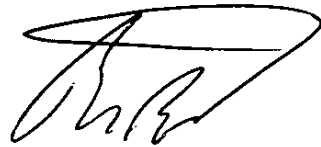
Date

12/26/06

Daytime Phone #

12/26

I Did not receive the annual report
for the year 2005.

A stylized handwritten signature, possibly reading "J. B.", written in dark ink.

12/26/06