

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000026450

1. Corporation Name

Rogers Real Estate, Inc.

2. Principal Office Address - No P.O. Box #

1144 SW 12<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

1144 SW 12<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

7. Name and Address of Current Registered Agent

Name

Cheryl Heap Rogers

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

1144 SW 12<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

Cheryl Heap Rogers  
REGISTERED AGENT MUST SIGN

Date 5-11-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles                     | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director   | City / State / Zip   |
|----------------------------|--------------------------------------|---|----------------------|
| Pres.                      | Cheryl Heap Rogers                   | 1144 SW 12 <sup>th</sup> ST<br>Boca Raton, FL 33486 | Boca Raton, FL 33486 |
| P.T.S.<br>V.D.C.<br>M, etc | Cheryl Heap Rogers                   | 1144 SW 12 <sup>th</sup> ST                         | Boca Raton, FL 33486 |
|                            |                                      |   |                      |
|                            |                                      |   |                      |
|                            |                                      |   |                      |
|                            |                                      |   |                      |

10. E-mail Address: cr.bocaraton@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Cheryl Heap Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-10

Date

561-703-5833

Daytime Phone #

FILED

10 MAY 13 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

700180844297  
05/13/10--01030--014 \*\*450.00  
CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2-3-04

5. FEI Number

743124624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.