

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 DEC 11 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000104416

1. Corporation Name

Roger Roberts INC.

800082411868
12/11/06--01006--007 **300.00

REINSTATEMENT 05-06
CR2E081 (12/05)

2. Principal Office Address

1307 S. Shade AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1307 S. Shade AVE.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL.

Zip

34239

Country

SARASOTA

Zip

34239

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

6-9-04

5. FEI Number

20-1222374

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 Roberts

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

1307 S. Shade AVE

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

Roger Roberts
REGISTERED AGENT MUST SIGN

Date 12-6-2006

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
Pres All Positions	<u>Roger Roberts</u>	<u>1307 S. Shade AVE</u>	<u>SARASOTA FL 34239</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 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:

Roger Roberts - Roger Roberts

12-6-2006

941-323-5784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/06

December 6, 2006

To Whom It May Concern:

Please be advised that I moved and never received an annual report notice, stating dissolution. My new address is 1307 S Shade Ave Sarasota, Fl 34239.

Sincerely,

Roger Roberts