

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 19 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000165229**

1. Corporation Name

TERRY ROGERS CONSTRUCTION, INC.

REINSTATEMENT

05 - 07

CR2E081 (1/07)

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

5680 LONG BRANCH RD.

Suite, Apt. #, etc.

3. Mailing Office Address

5680 LONG BRANCH RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32234

Country

CLAY

City & State

JACKSONVILLE, FL

Zip

32234

Country

CLAY

4. Date Incorporated or Qualified
To Do Business in Florida

12-9-04

5. FEI Number

20-1977677

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

TERRY ROGERS

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

5680 LONG BRANCH RD.

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL

State

FL

Zip Code

32234

☒ The 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.

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

TERRY ROGERS

Date **2-15-07**

REGISTERED AGENT MUST SIGN

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. Sec. Treas.	TERRY ROGERS	5680 LONG BRANCH RD	JAX, FL 32234

400089571814
02/27/07--01012--012 **450.00

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:

TERRY ROGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07 (904) 545-9870

Date

Daytime Phone #