


2006 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # P05000134143		
1. Entity Name ROGERO'S, INC.		

FILED
06 DEC -7 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3785 TAMiami TRAIL EAST NAPLES, FL 34112	Mailing Address 3785 TAMiami TRAIL EAST NAPLES, FL 34112
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 20-3591871		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
TUCKER, EDMOND G 950 N. COLLIER BLVD. SUITE 204 MARCO ISLAND, FL 34145		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Roger Kolenovic (NOTE: Registered Agent signature required when reinstating) DATE: 12/5/06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLENIVIC, ROGER 931 GIRALDA COURT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082366042 12/07/06--01049--004 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T KOLENOVIC, BARBARA 931 GIRALDA COURT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: Roger Kolenovic SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 12/05/06 Daytime Phone #

20f2

**ROGERO'S INC.
3785 TAMiami TRAIL EAST
NAPLES, FLORIDA 34112**

November 27, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam or Sir:

I never received my original annual report. I am submitting the initial fee of \$150.00 and requesting you reverse your dissolution decision.

This is my initial year of business and we have no record of receiving our annual report application.

I visited my accountant and he explained your filing requirements. I assure you in the future I'll make sure my annual report is filed timely.

Thank you for your understanding and cooperation in this matter.

Sincerely,

Roger Kolenivic
President

