

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 0:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 907000123803

1. Corporation Name

Roger Garrison Inc.

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

1515 Cypress DR

Suite, Apt. #, etc.

5B

City & State

Jupiter, FL

Zip

Country

33409

USA

3. Mailing Office Address

401 Old Dixie Highway

Suite, Apt. #, etc.

3502

City & State

Jupiter, FL

Zip

Country

33409

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2007

5. FEI Number

26-1419770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Roger Garrison

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

1229 Cherokee St

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

200280545812
01/04/16--01008--014 **750.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 12/31/2015

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
P/VP	Roger Garrison	401 Old Dixie Highway ³⁵⁰²	Jupiter, FL, 33409

10. E-mail Address: rgarrisons@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/2015 541-202-4534

Date Daytime Phone #

K ASHTON