PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	12 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m) 5	Secretary	MENT OF STATE of State opporations				
DOCUMENT #p94000040776 1. Corporation Name									
Raymo	nd L. Ro	ogers Jr. DMD P	' A			p:r			
Principal Office Address - No P.O. Box #						600220840476 02/06/1201012002 **1200.00			
300 G	atlin Ave	•	300 Gatl	300 Gatlin Ave.					
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CR2E081 (11/10)		
	<u> </u>						4. Date Incorporated or Qualified To Do Business in Florida 1994		
City & State			City & State	1 1			5. FEI Number Applied For		
Orlando Florida			Orlando	Florida		593236468Not Applicable			
^{zip} 32806_		Country US	^{Zip} 32806		US Country	6. CERTIFICAT	\$8.75 Additional Fee required for a Certificate of Status		
		7. Name and Address	of Current Regis	tered Ager	nt				
Name Raymond L. Rogers Jr.						REINSTATEMENT ACC9 - 12			
Street Address (P.O. Box Number is Not Acceptable) 300 Gatlin Ave.									
Suite, Apt. #, Etc.									
City State Zip Co Orlando FL 32806									
8. I, being Signature o Registered	of	Lan	pove named corporate in the corporate in	/6 c	m Tr	obligations of sect	Date		
9. Name	s and Street A	ddresses of Each Officer a	and/or Director (FI	oride nonpre	ofit corporations must list at l	east 3 directors)			
Titles	Name of Officers and/or Directors		rs	Street Address of Each Officer and/or Director			City / State / Zip		
pres Raymond L. Rogers Jr.			8984 Houston Place			Orlando Florida 32819			
							S. HAWKES		
· · · · · · · · · · · · · · · · · · ·	-					····	FEB - 2012		
				-			EXAMINER		
^{10.} E-ma	ail Addres	ss: golfrlr@aol.c	com	(To	be used for future annual repo	ort notification)			
reinsta owed t if made	atement application to the corporation of the corpo	ation, the reason for dissolution have been paid. I furth am aware that false inform	ution has been eliger certify, the information submitted in	empowered minated, the mation indic a document	to execute this application a corporate name satisfies the ated on this application is tru	s provided for in de requirements of sue and accurate, a constitutes a third	hapter 607 or 617, F.S. I further certify that when filing this section 607.0401 or 617.0401, F.S., and that all fees and my signature shall have the same legal effect as degree felony as provided for in s.817.155, F.S. Date Daytime Phone #		