

(( (H04000106785) ))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9500054700

1. Corporation Name  
Rogers Tree and Landscaping Inc.

REINSTATEMENT 00-04  
MRS

2. Principal Office Address

4103 N. Rye Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

4103 N. Rye Rd.

Suite, Apt. #, etc.

City & State

Parrish FL

City & State

Parrish FL

Zip

34219

Country

U.S.A.

Zip

34219

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/14/95

5. FEI Number

05-0677040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SE-25 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Beth M. Rogers

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

4103 N. Rye Rd.

Suite, Apt. #, Etc.

City

Parrish

State

FL

Zip Code

34219

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5/13/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
(VP)	James C. Rogers	4103 N. Rye Rd.	Parrish, FL 34219
(PRES)	Beth M. Rogers	4103 N. Rye Rd.	Parrish, FL 34219

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 this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(1)(f), 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/04

Date

991-776-3622

Payline Phone #

2072

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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**CORPORATION REINSTATEMENT**

**ROGERS TREE AND LANDSCAPING, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$1,350.00

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