

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
T. J. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB -9 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000074971

1. Corporation Name

Rogjam Corporation

2. Principal Office Address

4550 N. Bay Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach Florida

Zip

Country

Zip

Country

33140

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/10/96

5. FEI Number

65-0694798

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

Craig Herman

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

4550 N. Bay Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

Craig Herman

Date

2/2/2000

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
DTP	Craig Herman	4550 N. Bay Road	Miami Beach FL 33140
DVP DIT	Judith Herman	4550 N. Bay Road	Miami Beach FL 33140
			LS

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 under section 119.07(3)(i), 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: X

Craig Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Herman, President

2/2/2000

Date

305-534-9202

Daytime Phone #

CR2E081 (9/99)