

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074971

1. Corporation Name

Rogjam Corporation

2. Principal Office Address - No P.O. Box #
4550 N. Bay Rd

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip
33140

Country
Miami-Dade

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

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 Rd

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33140

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Judith Herman Craig Herman
(REGISTERED AGENT MUST SIGN)

Date **03/05/07**

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
DP	Craig Herman	4550 N. Bay Rd	Miami Beach, FL 33140
DVST	Judith Herman	4550 N. Bay Rd	Miami Beach, FL 33140

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 contained in Chapter 119, 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:

Craig Herman
Craig Herman

3-5-07

Date

954.294.8235

Daytime Phone #