

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -7 AM 8:53

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TALLAHASSEE, FLORIDA

DOCUMENT # P96000086227

1. Corporation Name

MARK AND WENDI RODBERG, INC.

2. Principal Office Address

251 Southern Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

3. Mailing Office Address

251 Southern Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

RECEIVED 01-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0716505

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

RODBERG, MARK O.

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

251 Southern Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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

Mark Rodberg
REGISTERED AGENT MUST SIGN

Date

4/5/06

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
PD	Rodberg, Mark O.	251 Southern Blvd.	West Palm Beach, FL 33405
			800070432868 04/14/06--01019--003 **1500.00
		<i>JP/11</i>	

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:

Mark Rodberg / Pres. 4/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-394 3522