

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000003048

1. Corporation Name

RIEMANN ROGERS & ASSOCIATES, INC.

Principal Place of Business

1781 W. FAIRBANKS AVE
WINTER PARK FL 32789
US

Mailing Address

1781 W. FAIRBANKS AVE
WINTER PARK FL 32789
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/10/1997

5. FEI Number

59-3419501

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| PTD | ROGERS, DEBORAH J | 15953 HIDDEN LAKE CIRCLE | CLERMONT FL 34711 |
| VSD | RIEMANN, CAROL A | 15953 HIDDEN LAKE CIRCLE | CLERMONT FL 34711 |
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100004705601--4

12/05/01 01020 016

****150.00 ****150.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-01

SIGN IT QUICK® 1781 W. Fairbanks Avenue, Winter Park, FL 32789 PH 407-645-0077 FAX 407-645-3258



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DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

OCTOBER 26, 2001

DEAR SIRs;

WE ARE WRITING TO STATE THAT WE DID NOT RECEIVE OUR 2001
UNIFORM BUSINESS REPORTS FOR FILING. OUR FIRST KNOWN RECEIPT
WAS THE NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION
AROUND OCTOBER 17TH, 2001. WE SPOKE TO SOMEONE IN YOUR OFFICE
WHO DIRECTED US TO WRITE THIS LETTER AND SEND IT ALONG WITH
A 2001 UNIFORM BUSINESS REPORT AND THE FEE OF \$150.

THANK YOU,


DEBBY ROGERS, PRES./OWNER


CAROL RIEMANN, VICE PRES./OWNER