

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

DOCUMENT # P98000049881

1. Corporation Name

ROGAN PROPERTIES, INC.

300139095173  
12/17/08--01024--012 \*\*\$600.00

**REINSTATEMENT** 05-08  
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

2189 SONOMA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2189 SONOMA DR.

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

City & State

NOKOMIS, FL

Zip

34275

Country

USA

Zip

34275

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

65-0954504

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

JOHN G. EVANS

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

2189 SONOMA DR.

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

☒ 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

*[Signature]*

Date

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
P	JOHN G. EVANS	2189 SONOMA DR.	NOKOMIS FL 34275
VP	JESSIE A. EVANS	2189 SONOMA DR.	NOKOMIS FL 34275

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/08 941-485-1593  
Date Daytime Phone #

12/17/08