PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JUN 24 AM 10:36

14 JUN 24 PM 12:36

CR2E081 (11/10)

DOCUMENT # P98000083215

1. Corporation Name

Peter Rogen & Associates, Inc. Florida

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
50 North Laura Street		50 North Laura Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2850		Suite 2850	
City & State		City & State	
Jacksonville, Florida		Jacksonville, Florida	
Zip	Country	Zip	Country
32202	USA	32202	USA

4. Date Incorporated or Qualified To Do Business in Florida
09/21/1998

5. FEI Number — Applied For [ ] Not Applicable [X]

6. CERTIFICATE OF STATUS DESIRED
YES

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Daniel B. Nunn, Jr.

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

Suite, Apt. #, Etc.
Suite 2850

City	State	Zip Code
Jacksonville	FL	32202

300261381138
06/16/14--01044--013 **3000.00

300261381139
06/24/14--01004--017 **8.75

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 _____ 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
PST	Peter Rogen	50 North Laura Street Suite 2850	Jacksonville, FL 32202

REINSTATEMENT

S. HAWKES
JUN 24 A.M.
EXAMINER

10. E-mail Address: daniel.nunn@nelsonmullins.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Peter Rogen 305-962-8995
SIGNATURE AND TITLE OF CHAIRMAN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number