

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 APR 30 AM 11:24

DOCUMENT # P99000078635

1. Corporation Name

Paul Rogers, Inc.

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

15760 Cedar Grove Lane

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Office Address

15760 Cedar Grove Lane

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/2/1999

5. FEI Number

593598389

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

Paul Rogers

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

15760 Cedar Grove Lane

Suite, Apt. #, Etc.

City

Wellington, FL

State

FL

Zip Code

33414

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

Date 4/26/2008

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
D	Paul Rogers	15760 Cedar Grove Lane	Wellington, FL 33414

B 4/30/08
06-08

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04/30/08--01067--015 **1050.00

REINSTATEMENT
REINSTATEMENT

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:

Paul Rogers

Paul Rogers

4/26/2008

561-792-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #