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**2006 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED

06 OCT 11 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052006 REIN-P CR2E098 (11/05)

4. FEI Number  
59-3088115

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KANSIER, ROGER W.  
1217 TADSWORTH TERR.  
LAKE MARY, FL 32746

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANSIER, ROGER W. 1217 TADSWORTH TERR HEATHROW, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KANSIER, CARA L. 1217 TADSWORTH TERR HEATHROW, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KANSIER, <del>MARY</del> MARY K. 2359 EUSTON RD WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	000080740070 10/11/06--01071--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-5-06

20 10/17

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**Gary J. Smith**

**Tax Center**

8507 FOREST CITY ROAD  
ORLANDO, FLORIDA 32810  
TELEPHONE: 407-299-1040  
FAX: 407-299-1072

October 5, 2006

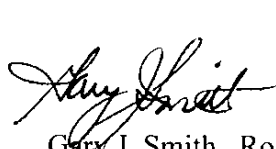

Florida Department of Corporations  
P.O. Box 6198  
Tallahassee, FL. 32314

Re: Roger Kansier & Associates, Inc. Document # S-89807  
Corporate Reinstatement

Dear Sir,

Please be advised that the above named corporation did not receive a renewal notice.  
Please abate the reinstatement penalty. A check in the amount of \$150.00 is enclosed.

Very truly yours,

   
Gary J. Smith   Roger Kansier  
Enrolled Agent   President

CC: Kansier