

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 29 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V10597

1. Corporation Name
ROGER ALAN INTERNATIONAL, INC.

2. Principal Office Address
416 CORTEZ AVENUE

3. Mailing Office Address
416 CORTEZ AVENUE

Suite, Apt. #: etc.

City & State
STUART, FLORIDA

City & State
STUART, FLORIDA

Zip Country
34994 USA

Zip Country
34994 USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 01/29/1992 **SP**

5. FEI Number 593106082
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
ROBERT B. KOENIG

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

Suite, Apt. #, Etc.

City
STUART

State Zip Code
FL 34994

000003953450--8
-04/03/01--01066--032
****500.00 ****500.00

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** 3/27/01
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
PRES.	ROBERT B. KOENIG	416 CORTEZ AVENUE	STUART, FL 34994
			000003953450--8 -04/03/01--01066--033 ****550.00 ****550.00

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 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]* **Date** 3/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)