

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 FEB 26 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND9000001851

1. Corporation Name
Rejouis Refuge, Inc.

2. Principal Office Address - No P.O. Box #
2307 Boggy Creek RD #149
Suite, Apt. #, etc.
#149

City & State
Kissimmee, FL
Zip
34744
Country
USA

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Zip
Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
27-0680146
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
Huberta Rejouis
Street Address (P.O. Box Number is Not Acceptable)
2307 Boggy Creek RD #149
Suite, Apt. #, etc.
#149
City
Kissimmee
State
FL
Zip Code
34744

300245094623
02/26/13--01005--003 ***470.00

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
Huberta Rejouis
REGISTERED AGENT MUST SIGN

Date 2/26/13

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
CEO	Huberta Rejouis	2307 Boggy Creek RD	Kissimmee, FL 34744
VD	Huberta Rejouis	2307 Boggy Creek RD	Kissimmee, FL 34744
SD	Huberta Rejouis	2307 Boggy Creek RD	Kissimmee, FL 34744
D	Huberta Rejouis	2307 Boggy Creek RD	Kissimmee, FL 34744

FEB 26 2013

T. CAULEY

10. E-mail Address: rejouis.huberta@yahoo.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: Huberta Rejouis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/13 7862856993
Date Daytime Phone #