

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 DEC -6 PM 1:56

DOCUMENT # **P98000045338**

1. Corporation Name

**REXFORD, INC.**

Principal Place of Business

Mailing Address

953 OLD DIXIE HWY  
 B-3  
 VERO BEACH FL 32960  
 US

PO BOX 650099  
 VERO BEACH FL 32965



**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/18/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3514294	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	REXFORD, JOHNATHAN	1220 28TH AVE	VERO BEACH FL 32960

800003500638--8  
 -12/13/00--01117--011  
 \*\*\*\*750.00 \*\*\*\*750.00

*12/11*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
REXFORD, JOHN 1220 28TH AVE VERO BEACH FL 32960		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *John Rexford* Date: *10/30/00*

REGISTERED AGENT MUST SIGN

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., 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: *Johnathan Rexford* Date: *10/30/00* Daytime Phone #: *561569-4087*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)