

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 5: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045338

1. Corporation Name
REXFORD, INC.

Principal Place of Business

~~655 OLD DIXIE HWY~~
~~VERO BEACH FL 32960~~
~~US~~

Mailing Address

PO BOX 650099
VERO BEACH FL 32965

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

REINSTATEMENT 2002

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
837 8th STREET

City & State
VERO BEACH, FL

Zip Country
32960 Indian River

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

05/18/1998

5. FEI Number

59-3514294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--------------------------------------------------|----------------------|
| P | REXFORD, JOHNATHAN | 1220 28TH AVE | VERO BEACH FL 32960 |
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200008605182
10/28/02--01032--019 **750.00

8. Name and Address of Current Registered Agent

REXFORD, JOHN
1220 28TH AVE
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

CR2EC040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

John Rexford
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Jonathan Rexford SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jonathan Rexford, President 10/23/02 7725694087
Date Daytime Phone #