

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -8 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007131

1. Corporation Name

Rebirth Technologies, Inc

2. Principal Office Address

1712 Bresee Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33415

Zip

33415

Country

USA

3. Mailing Office Address

1712 Bresee Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33415

Zip

33415

Country

USA

**4. Date Incorporated or Qualified
To Do Business In Florida**

10/05/2001

5. FEI Number

651141738

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

Tim Kilby

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

1712 Bresee Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

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

REGISTERED AGENT MUST SIGN

Date

7/05/05

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
D,C	Tim Kilby	1712 Bresee Road	West Palm Beach, FL 33415
D	George Gadson	8834 NW 75th Court	Tamrac, FL 33321
D	Wayne Burrow	1412 S. Diamond Street	Jacksonville, IL 62650

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:

Tim Kilby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/5/05 561-304-0902

Daytime Phone #

CR2E081 (01/05)

1712 Bresee Road
West Palm Beach, FL 33415

July 05, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314


Re: Rebirth Technologies, Inc
Reinstatement Application
Document # N0100007131

Dear Sir\Madame:

This letter is follow up to our telephone conversation. As previously explained, we did not receive any annual notice from the Division of Corporations, as such; we are kindly requesting the waver of \$175.00, and any other fees.

Now therefore, closed herewith is \$183.75 for the reinstatement of the above referenced corporation. Also, enclosed is the completed "Corporation Reinstatement Form."

Sincerely,


Tim Kilby
Chairman

Enclosures: