PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

APPLICATION FOR [redacted]

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

FILED
02 JAN 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000054786**

1. Corporation Name

**FLORIDA REB CO.**

| Principal Place of Business | Mailing Address |
|---|---|
| 304 TEQUESTA DRIVE<br>TEQUESTA FL 33469 | 304 TEQUESTA DRIVE<br>TEQUESTA FL 33469 |

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 | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 05/30/2000

5. FEI Number: 65-1.01.91-1-8 ☐ 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| CEO | THOMAS HICKEY | 615 S. BEACH ROAD | TEQUESTA, FL 33469 |
| PRES | THOMAS HICKEY | | |
| | | | 400004865684--3<br>-02/05/02--01016--018<br>****300.00 ****300.00 |
| | | 01-02 T8 | |
| | | | |

8. Name and Address of Current Registered Agent

HICKEY, THOMAS
304 TEQUESTA DRIVE
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name: THOMAS HICKEY
Street Address (P.O. Box Number is Not Acceptable): 304 TEQUESTA DR.
Suite, Apt. #, Etc.:
City: TEQUESTA State: FL Zip Code: 33469

CR2E040 (8/01)

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: Thomas J. Hickey Date: 1/14/02
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:** Thomas J. Hickey 1/14/02 (561) 722-5237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE WALKER'S WAREHOUSE

Gear for Walking, Hiking and the Strides of Everyday Life

To Whom it May Concern,

I would ask that you be so kind as to waive the additional 600.00 charges because of the following reasons. All forms being sent to Florida Reb were being picked up by another company in the building and thus being mishandled. As you can see they sent a check and a incomplete for to you. Florida Reb had not been aware because of not recieving any forms. If in the future AH Thomas Hicks could be added to all correspondence. I personally assure you all payment will made timely. Thank you for your understanding

Sincerely

Thomas J Hicks

P.S. Enclosed adequat correspondence with Fedex Express

Ph:(561) 745-0773 • Fx:(561) 745-4023 • 304 Tequesta Drive • Suite 100 • Tequesta, Florida 33469
www.walkerswarehouse.com • a division of Inergi Fitness, LLC