PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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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 TEQUESTA FL 33469	304 TEQUESTA DRIVE 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: 65-1101911-8 — 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 -02/05/02--01016--018
			****300.00 ****300.00
		01-02	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HICKEY, THOMAS 304 TEQUESTA DRIVE TEQUESTA FL 33469	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 #

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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 Hickey could be added to all correspondence, I personally assure you all payment will made timely. Thank you for your understanding

Sincerely

Thomas J Hickey

P.S. Enclosed are past correspondence with Furniture 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