

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021376

1. Corporation Name

REHAMCO, INC.

600024509426
11/07/03--01052--020 **150.00

2. Principal Office Address

4418 SE 12TH PLACE

3. Mailing Office Address

4418 SE 12TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

LEE

Zip

33904

Country

LEE

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

02/27/01

5. FEI Number

65-1082164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

LARROW, PAUL L

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

3501 DEL PRADO BLVD

Suite, Apt. #, Etc.

312

City

CAPE CORAL

State

FL

Zip Code

33904

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

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
P,D	MAHER, WILLIAM	4418 SE-12TH PLACE	CAPE CORAL, FL 33904
S	LARROW, PAUL	3501-312 DEL PRADO BLVD	CAPE CORAL, FL 33904
T,D	MAHER, ROGENE	4418 SE 12TH PLACE	CAPE CORAL, FL 33904

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:

William Maher

William MAHER

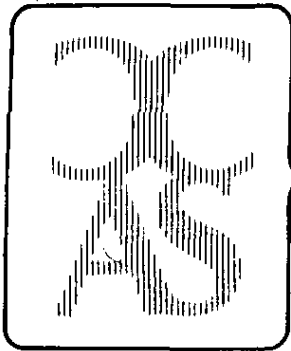
NOV 5 2003 239 332 5508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



CAPE CORAL ACCOUNTING SERVICE

Established 1961

November 4, 2003

Florida Department of State
Secretary of State
Divisions of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: REHAMCO INC
4418 SE 12TH PLACE
CAPE CORAL, FL 33904-5342

Dear Sir,

In reply to your notice of Administrative dissolution of Rehamco, Inc. for not filing a annual report. Rehamco, Inc. did not receive the yearly form from the Department of State nor did they receive the second notice for not filing the annual report.

Enclosed is a copy of the Annual Report along with a check for \$150.00 for filing the annual report. Please reinstate Rehamco, Inc. status to a active corporation in the state of Florida.

If we can be of further information please call our office at (239-542-2558).

Sincerely,

Lori Moore
CCAS Corporation
Cape Coral Accounting Service

CCAS CORPORATION

3501 DEL PRADO BOULEVARD, SUITE 312 • CAPE CORAL, FLORIDA 33904
PHONE (239) 542-2558 • FAX (239) 542-2320 • TOLL FREE (888) 458-2558

WEB: WWW.CAPECORALACCOUNTING.COM