

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY 17 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000141156

1. Corporation Name

OREEF RENTALS, INC.

**REINSTATEMENT** 08-10

100180986721

05/17/10--01056--019 \*\*450.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1576 FAN PALM ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1576 FAN PALM ROAD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/2005

5. FEI Number

550909866

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

BRENDA HAMILTON

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

1576 FAN PALM ROAD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Brenda Hamilton*

Date 05/14/2010

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.	BRENDA HAMILTON	1576 FAN PALM ROAD	BOCA RATON, FL 33432

*25/18*

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 contained in Chapter 119, 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:

BRENDA HAMILTON

05/14/2010

561-416-8956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #