PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 27 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000061358**

96 AR

1. Corporation Name

JEAN REHA, INC.

Principal Place of Business	Mailing Address
1244 ~~1260~~ OLD STICKNEY POINT ROAD SARASOTA FL ~~34231~~ 34242	1244 ~~1260~~ OLD STICKNEY POINT ROAD SARASOTA FL ~~34231~~ 34242

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: 08/07/1995

5. FEI Number: 65-060-1703 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D Pres.	REHA, JEAN	~~1260~~ OLD STICKNEY POINT ROAD 1244	SARASOTA FL ~~34231~~ 34242

600001978716--1
-10/17/96--01054--013
****200.00 ****200.00

10/14/96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
REHA, JEAN ~~1260~~ OLD STICKNEY POINT ROAD 1244 SARASOTA FL ~~34231~~ 34242	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/96)

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: Jean D Reha — REGISTERED AGENT MUST SIGN — Date: Sept 27, 96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Jean D. Reha — JEAN D. REHA — 9/27/96 — 941-349-9495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jean Reka
1244 old Stickney Pt Rd
Sarasota, FL 34243

(2)

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

I am requesting reinstatement of my corporation certificate.

I am a small ladies retail store. I was hospitalized for surgery June 25th and then entered a nursing facility Sarasota Heart Care Center until July 4th.

I was also hospitalized for more surgery July 10 and entered another nursing facility until August 18th. 96 -

I only employ a part time lady and she didn't know about legal papers. However I only received the notice a few days as it was sent to the wrong address and wrong zip code. I have corrected this on the enclosed document.

I am enclosing a check for $200 and ask your indulgence to waive the reinstatement fee.

Sincerely
Jean Reka