

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 SEP 13 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059628

1. Corporation Name

Rhea Durham, Inc.

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

6623 Sweetbriar Ln

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

9694 Oak Pass Road

Suite, Apt. #, etc.

City & State

Beverly Hills, CA

Zip

90210

Country

USA

**REINSTATEMENT** 00-07  
CR2E0812(1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

July 15, 1996

5. FEI Number

59-3388002

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

Thomas Durham

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

6623 Sweetbriar Ln.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

☐ 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

Thomas Durham

REGISTERED AGENT MUST SIGN

Date

8/25/07

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
<u>D</u>	<u>Rhea Durham</u>	<u>9694 Oak Pass Rd, Beverly Hills, CA, 90210</u>	

800109698499  
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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:

R. Durham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-07

Date

146-842-0419

Daytime Phone #