

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -4 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000086172**

1. Corporation Name

REXSY, Inc.

2. Principal Office Address

9070 KIMBERLY BLVD

Suite, Apt. #, etc.

17-18

City & State

BOCA RATON

Zip

33434

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-62

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/96

5. FEI Number

65-0737249

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

LES RODAN

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

9070 KIMBERLY BLVD

Suite, Apt. #, Etc.

17-18

City

BOCA RATON

600004932078-9

-02/18/02--01005--026

******588.00 ****500.00**

600004932078-9

-02/18/02--01005--027

******558.75 ****350.00**

State

FL

Zip Code

33434

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

Les Rodan

REGISTERED AGENT MUST SIGN

Date

2/1/02

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	LES RODAN	9070 KIMBERLY BLVD SUITE 17-18	BOCA RATON FL 33434

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:

Les Rodan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/02 561-488-1000

Daytime Phone #

CR2E081 (9/01)