

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:56

DOCUMENT # **P98000045338**

1. Corporation Name

**REXFORD, INC.**

Principal Place of Business

Mailing Address

953 OLD DIXIE HWY  
B-3  
VERO BEACH FL 32960  
US

PO BOX 650099  
VERO BEACH FL 32965



**REINSTATEMENT**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3514294

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	REXFORD, JOHNATHAN	1220 28TH AVE	VERO BEACH FL 32960

800003500638--8  
-12/13/00--01117--011  
\*\*\*\*750.00 \*\*\*\*750.00

*12/11*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REXFORD, JOHN  
1220 28TH AVE  
VERO BEACH FL 32960

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*John Rexford*

REGISTERED AGENT MUST SIGN

Date *10/30/00*

11. 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:

*Johnathan Rexford*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/30/00* *561569-4087*  
Date Daytime Phone #