

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000045338

1. Corporation Name

REXFORD, INC.

FILED

02 OCT 28 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~959 OLD DIXIE HWY~~
~~VERO BEACH FL 32960~~
~~US~~

Mailing Address

PO BOX 650099
VERO BEACH FL 32965



REINSTATEMENT 2002

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.

837 8th Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

32960

Country

Indian River

Zip

Country

5. FEI Number

59-3514294

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REXFORD, JOHNATHAN	1220 28TH AVE	VERO BEACH FL 32960

200008605182
10/28/02--01032--019 **750.00

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. or 617.0505, F.S.

Signature of
Registered Agent

John Rexford
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Jonathan Rexford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)