

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S88836

1. Corporation Name

Rehn Enterprises, Inc.

2. Principal Office Address

421 South Lakeside Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33460

Zip

33460

Country

USA

3. Mailing Office Address

P. O. Box 362

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33460

Zip

33460

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/22/91

5. FEI Number

65-0300216

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

Charles W. Musgrove

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

2328 South Congress Avenue;

Suite, Apt. #, Etc.

Suite 1-D

City

West Palm Beach

State
FL

Zip Code
33406

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 *Charles W. Musgrove*

REGISTERED AGENT MUST SIGN

Date *March 23, 2001*

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
D	Rehn, Marina	421 So. Lakeside Drive	Lake Worth, FL 33460
V	Rehn, Kaj	421 So. Lakeside Drive	Lake Worth, FL 33460

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:

Kaj Rehn Kaj Rehn, Vice President

3/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

REHN ENTERPRISES, INC.

P. O. Box 362

Lake Worth, Florida 33460

March 21, 2001

Department of State

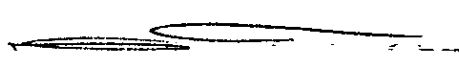
Gentlemen:

Per our telephone conversation with your offices, enclosed please find a completed reinstatement form and a check in the amount of \$300.

As indicated on the phone, we never received our 2000 Annual Report Form. In checking the information on-line, there is a strange post office box address and we have no idea where it came from.

Thank you for your consideration in this matter.

Sincerely,


Kaj Rehn
Vice President

KR:sc

Enclosures (2)