## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

FILED

02 NOV -6 PM 3:31

SUSPIEIARY OF STATE TALLAHASSEE, FLORIDA

N31514 DOCUMENT # 1. Corporation Name

THE REDBONE, INC.

Principal Place of Business

Mailing Address

200 INDUSTRIAL DRIVE ISLAMORADA FL 33036 P. O. BOX 273

US

ISLAMORADA FL 33036 US

4. Date Incorporated or Qualified To Do Business in Florida

CERTIFICATE OF STATUS DESIRED.

04/03/1989

5. FEI Number

65-0180140

Applied For Not Applicable

City / State / Zip

\$8.75 Additional Fee required for a Certificate of Status

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 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

Name of Officers

and/or Directors

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Officer and/or Director **#5 DAVIS DR LOWER MATECO** 

Street Address of Each

ISLAMORADA FL

TAVERNIER FL

STR SEBBEN, MARCY

**ELLIS, GARY** 

Title(s)

DP

DV

200 HARBORVIEW DRIVE 9 BARRACUDA LANE

ISAMORADA FL

D BREWER, CRAIG

PO BOX 951 N/A

-BOX-100-

ISLAMORADA FL

TSDAMORADA EL

MCCARRY, JAMES R.-

STAGG, MARY ANN

8. Name and Address of Current Registered Agent

Street Address (P.O. Box Buffberlishio Acceptable) 11/06/02--01015--0

9. Name and Address of New Registered Agent

Suite, Apt. #, Etc.

State 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

**ELLIS, GARY** 

#5 DAVIS DR

LOWER MATECOMBE KEY

ISLAMORADA FL 33036

<u>SIGNATURE</u> REQUIRED

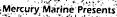
Date 10/30/0 a

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.



10/30/02 305664 3002 Date Daytime Phone #







TO FIGHT AND CURE CYSTIC FIBROSIS

Oct 30, 2002

Florida Department Of State Division of Corporations PO box 6327 Tallahassee, FL 32314

Re: The Redbone, Inc.

Dear Sir or Madam:

Enclosed please find application and filling fee for Reinstatement for the above named corporation. Prior UBR notices were not received.

Sincerely,

Gary Ellis President

Redbone, Inc.

