

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3: 31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N31514**

1. Corporation Name  
**THE REDBONE, INC.**

Principal Place of Business	Mailing Address
200 INDUSTRIAL DRIVE ISLAMORADA FL 33036 US	P. O. BOX 273 ISLAMORADA FL 33036 US



**2002 UBR** \*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/03/1989	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0180140	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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
DP	ELLIS, GARY	#5 DAVIS DR LOWER MATECO	ISLAMORADA FL
STR	SEBBEN, MARCY	200 HARBORVIEW DRIVE	TAVERNIER FL
DV	STAGG, MARY ANN	9 BARRACUDA LANE	ISAMORADA FL
D	BREWER, CRAIG	PO BOX 951 N/A	ISLAMORADA FL
<del>D</del>	<del>MCGARRY, JAMES R.</del>	<del>BOX 100</del>	<del>ISLAMORADA FL</del>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ELLIS, GARY #5 DAVIS DR LOWER MATECOMBE KEY ISLAMORADA FL 33036		Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, Etc. City	
		State <b>FL</b>	
		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: *Gary Ellis* **SIGNATURE REQUIRED** Date: 10/30/02  
 REGISTERED AGENT MUST SIGN

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: *Gary Ellis* **SIGNATURE REQUIRED** Date: 10/30/02 Daytime Phone #: 305 664 2002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

Mercury Marine Presents



TO FIGHT AND CURE CYSTIC FIBROSIS

282

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 filing fee for Reinstatement for the above named corporation. Prior UBR notices were not received.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Ellis".

Gary Ellis  
President  
Redbone, Inc.

The  
**Redbone**  
GALLERY

200 Industrial Road • Post Office Box 273 Islamorada, FL 33036

Phone: (305) 664-2002 Fax: (305) 664-9036 Evenings: (305) 664-8452 E-mail: RedboneInc@aol.com