

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000011022**

1. Corporation Name

REDLINE CONSTRUCTION, INC.

Principal Place of Business

2671 COUNTY RD 220
DOCTORS INLET FL 32068

Mailing Address

2671 COUNTY RD 220
DOCTORS INLET FL 32068

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2001

5. FEI Number

59-3695875

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
DPT	LITTLE, RONALD R	2671 COUNTY RD 220	DOCTORS INLET FL 32068
VP	LITTLE, MEADOW A.L.	2671 COUNTY RD 220	DOCTORS INLET FL 32068
S	SIMA, SCOTT	105 NOTTINGHAM DRIVE EAST	JACKSONVILLE FL 32259

800025810098
12/29/03--01038--005 **150.00

8. Name and Address of Current Registered Agent

LITTLE, RONALD R
2671 COUNTY RD 220
DOCTORS INLET FL 32068

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date **12-26-03**

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:

Meadow Little Meadow Little
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-03 904213-4573

CR2040 (7/03)

This is the first notice I
recieved of any payment due. Please
wave the reinstatement fee.

Thank You

A handwritten signature in cursive script, appearing to read "Ron Little".

Ron Little