PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** , Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 DEC - 1 PH L: 34 DOCUMENT # 338241 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1 Corporation Name REDELCO, INC. Principal Place of Business Mailing Address 503 W. Haines Street P.O. Drawer QQ Plant City, FL 33566 Plant City, FL 33566 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address. If Applicable 503 W. Martin L. King St. New Mailing Office Address, If Applicable P.O. Drawer QQ Date Incorporated or Qualified
To Do Business in Florida 12/2/1968 Suite, Apt. #, etc Suite Apr #, etc 5. FEI Number Applied For 59-1292226 City Pfairt City, FL Ciphant City, FL 33<u>566</u> \$8.75. Additional Fee required CERTIFICATE OF STATUS DESIRED 33566 USA USA 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) Plant City, FL 33566 P/D Poppell, Eleanor C. 503 W. Martin L. King Street V/S/D Poppell, Jon T. 503 W. Mattin L. King Street Plant City, FL 33566 Plant City, FL 33566 503 W. Martin L. King Street V/T/D Poppell, Mark S. 99--01018 -010 ***1508. ***1508.75 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Poppell, Mark S. Poppell, R. Tom 503 W. Haines Street Street Address (P.O. Box Number is Not Acceptable) 503 W. Martin L. King Street Suite, Apt. #, Etc. Plant City, FL 33566 Plant City 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. Signature of Registered Agent V 7V Date / 11/24/99 ED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. 12 Learlily 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 filling 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. (813) 752-4155 SIGNATURE: SIGNING OFFICER OR DIRECTOR

Daylime Phone #