

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 12:58

DOCUMENT # 644602

1. Corporation Name

RED CAT, INC.

Principal Place of Business

925 S.TAMiami TRAIL
P.O. BOX 337
VENICE FL 34285

Mailing Address

925 S.TAMiami TRAIL
P.O. BOX 337
VENICE FL 34285

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

11/01/1979

5. FEI Number

59-1952687

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DST	HILL, ELIZABETH A	605 FOUR BAYS DRIVE	NOKOMIS FL
PD	HILL, JAMES C	605 FOUR BAYS DRIVE	NOKOMIS FL
			300003027043--0 -10/27/99-01098-013 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

HILL, JAMES C
925 S. TAMiami TRAIL
VENICE FL 34285

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/99)

October 15, 1999

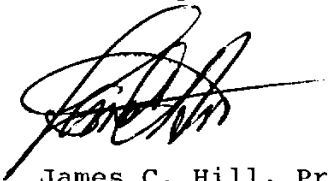
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

As per my conversation with your office today, this is to advise that I have received no communications from your office regarding my corporation, RedCat, Inc. until I received a Certificate of Administration Dissolution or Revocation.

As you instructed, my check in the amount of \$150.00 is enclosed, along with the completed form that was enclosed. Hoping that this will resolve this matter, if there is any other information needed, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "James C. Hill", with a stylized flourish extending from the end.

James C. Hill, President
RedCat, Inc.
P. O. Box 337
Venice, Florida 34285
941 488-3887