


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

**DOCUMENT # P00000035770**

1. Corporation Name

**RED ONIONS, INC.**

Principal Place of Business

1804 EAST 3RD AVE.  
TAMPA FL 33605

Mailing Address

1804 EAST 3RD AVE.  
TAMPA FL 33605

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

**REINSTATEMENT**

To Do Business in Florida

04/07/2000

5. FEI Number

59 3641891

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
<del>P T, S</del>	BOLAM, PETER O	906 DRUID HILLS ROAD	TEMPLE TERRACE FL 33617
<del>D</del>	<del>MADDER, ELLIS E</del>	<del>4538 TARPON DRIVE</del>	<del>TAMPA FL 33617</del>
<del>D</del>	<del>LAGE, GLEN S</del>	<del>1601 EAST 7TH AVE #4</del>	<del>TAMPA FL 33605</del>
			300004740063--2 -12/26/01--01105--015 ****750.00 ****750.00 ILLS

8. Name and Address of Current Registered Agent

BOLAM, PETER O  
1804 EAST 3RD AVE.  
TAMPA FL 33605

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

*Peter O Bolam*

REGISTERED AGENT MUST SIGN

Date 12/13-01

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:

Peter O. Bolam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13-01

Date

813/248-2615

Daytime Phone #

CR2E040 (8/01)