

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080020

1. Corporation Name

THE RED ROSE CORPORATION

Principal Place of Business

620 SOUTH DIXIE HWY
LANTANA FL 33462

Mailing Address

620 SOUTH DIXIE HWY
LANTANA FL 33462



300008698073

10/30/02--01050--006 **150.00

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

08/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-058-1042

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DRUMMOND, GLEN	13353 NORTHUMBERLAND CIR	WEST PALM BEACH FL 33414

8. Name and Address of Current Registered Agent

DRUMMOND, GLEN
13353 NORTHUMBERLAND CIR
WEST PALM BEACH FL 33414

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/2/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To Florida Department of State
Annual Report and Statist Section
PO Box 6327
Tallahassee FL 32314-6327

10/18/2002

From The Red Rose Corporation
620 South Dixie Hwy
Tallahassee, FL 32316

Dear Sir or Madam

Please be advised that I did not receive any USB notice
for this renewal. I am sending the Report and enclose
the appropriate fee.

Thank - you -

Glen Zimmerman

President/Director