

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

02-07



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN 13 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Last Red Cent, Inc.  
P01000109124

2. Principal Office Address

4111 Delaware Ave.

Suite, Apt. #, etc.

City & State

Des Moines, Iowa

Zip

50313

Country

Polk

3. Mailing Office Address

7345 Bay St.

Suite, Apt. #, etc.

City & State

St. Pete Beach, Florida

Zip

33706

Country

Penallas

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/01

5. FEI Number

01-0551711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Johnson

Street Address (P.O. Box Number is Not Acceptable)

7345 Bay St.

Suite, Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 6/11/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Rod L French	1344 Burr Oaks Dr.	W. Des Moines, IA 50266
Sec	Robert Johnson	1506 Pioneer Rd.	Des Moines, IA 50320

10. 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:

Robert Johnson

6/11/03 515-265-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

6/13



# R.L. FRENCH, CORP.

4111 Delaware Avenue • Des Moines, Iowa 50313  
515/265-8111      Telecopier 515/265-8836

R.L. (Rod) FRENCH  
PRESIDENT

June 11, 2003

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida 32399

Re: Last Red Cent, Inc.  
P01000109124

To Whom It May Concern:

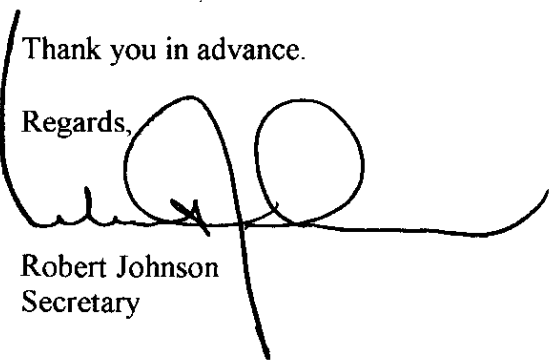
Please find enclosed our application and check for \$300.00 to reinstate the corporation Last Red Cent, Inc.

I'm asking that the State of Florida waive the reinstatement fee of \$600.00. We have no record of ever receiving any renewal forms from the State of Florida, and ask that you accept our apology for the late filing of the Corporation Reinstatement.

I have completed the reinstatement application showing the correct registered agent and address. This should correct any errors in the future.

Thank you in advance.

Regards,



Robert Johnson  
Secretary

Enclosure  
RJ/ms