

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07, 2004 8:00 A.M
Secretary of State

DOCUMENT # **P02000027296**

1. Corporation Name

REDMON, INC.

Principal Place of Business

**1717 N BAYSHORE DR STE 102
MIAMI FL 33132**

Mailing Address

**1717 N BAYSHORE DR STE 102
MIAMI FL 33132**



REINSTATEMENT 03-04

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

03/12/2002

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ALBERGHINI, ANDREA	1717 N BAYSHORE DR STE 102	MIAMI FL 33132
DV	BEDARD, DENNIS	1717 N BAYSHORE DR STE 102	MIAMI FL 33132

000041674660
10/07/04--01060--003 **300.00

8. Name and Address of Current Registered Agent

**BEDARD, DENNIS R
1717 N BAYSHORE DR STE 102
MIAMI FL 33132**

9. Name and Address of New Registered Agent

Name

JACQUELINE GERO CPA

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

1 SE 3RD AVE

Suite, Apt. #, Etc.

2150

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

10/5/04

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 #


10/5/04

1018

CR2040 (7/03)

FBG **Freeman, Buczyner & Gero**
Certified Public Accountants and Consultants
A Partnership of Professional Associations

MEMBER
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

 MGI Business Solutions Worldwide

SunTrust International Center
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Miami, FL 33131
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October 1, 2004

Florida Department of State
Division of Corporations

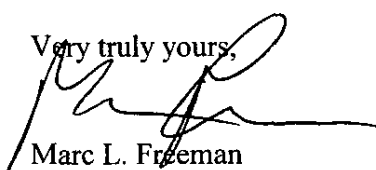
RE: Redmon, Inc.
EIN 03-0424039

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are filing a corporate reinstatement form to reactivate the corporation. Please be advised that the renewal form for the annual report was not previously received.

We appreciate your assistance in this matter. Please do not hesitate to contact this office if you have any questions regarding this matter.

Very truly yours,


Marc L. Freeman
#4780