

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 NOV -4 PM 12:57

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P02000057146**

1. Corporation Name

**RED PLANET ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1504 SW COURTYARDS LANE  
 #140  
 CAPE CORAL FL 33914

1504 SW COURTYARDS LANE  
 #140  
 CAPE CORAL FL 33914

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

4. Date Incorporated or Qualified To Do Business in Florida

05/22/2002

5. FEI Number

42-1537797-

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
D/P/M	MARS, DAVID	1504 SW COURTYARDS LANE #140	CAPE CORAL FL 33914
V/S/T	Mars, Valerie	1504 SW courtyards Ln #140	Cape Coral FL 33914

000024411520  
 11/04/03--01045--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE**

Date

REGISTERED AGENT MUST SIGN

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: *David Mars*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03  
 Date

239-218-2381  
 Daytime Phone #

CR2ED40 (7/03)

Red Planet Enterprises, Inc.  
1504 SW Courtyards Lane  
Unit 140  
Cape Coral, FL 33914

Division of Corporations  
Annual Report/ Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern,

We did not receive any prior uniform business report notices. Our registered agent also did not receive any UBR notices to forward to us. For these reasons, we request that the reinstatement fee be waived. Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink that reads "David Mars". The signature is written in a cursive style with a large, stylized "M".

David Mars, Director  
Red Planet Enterprises, Inc.