

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000113009*

1. Corporation Name

RED DOOR INCORPORATED

2. Principal Office Address

5301 LOOKOUT PASS

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

Zip

33544

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/21/2002

5. FEI Number

75-3085684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

RAYMOND P JOLICOEUR

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

5301 LOOKOUT PASS

Suite, Apt. #, Etc.

City

WESLEY CHAPEL

State

FL

Zip Code

33544

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

Raymond P. Jolicoeur
REGISTERED AGENT MUST SIGN

Date

8-11-05

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
P	LYNDA-SUE JOLICOEUR	5301 LOOKOUT PASS	WESLEY CHAPEL, FL 33544
S/T	RAYMOND P JOLICOEUR	5301 LOOKOUT PASS	WESLEY CHAPEL, FL 33544

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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:

Raymond P. Jolicoeur RAYMOND P. JOLICOEUR 8-11-05 813 9291500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)