

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR 10 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO5000 131505**

1. Corporation Name

**REDMAN CONSTRUCTION AND HAULING INC.**

02/14/06 90004 006 \$150.00

100122910181

04/10/08--01029--010 \*\*358.75

2. Principal Office Address - No P.O. Box #

**4527 NORTSHORE RD.**

Suite, Apt. #, etc.

3. Mailing Office Address

**4527 NORTSHORE RD.**

Suite, Apt. #, etc.

City & State

**LYNN HAVEN FL.**

Zip

**32444**

Country

**BAY**

City & State

**LYNN HAVEN FL**

Zip

**32444**

Country

**BAY**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**38-3428110**

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

**JOHN R. TOLBERT**

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

**4527 NORTSHORE RD.**

Suite, Apt. #, Etc.

City

**LYNN HAVEN**

State

**FL**

Zip Code

**32444**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*John Tolbert*

REGISTERED AGENT MUST SIGN

Date

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.	JOHN R. TOLBERT	4527 NORTSHORE RD.	LYNN HAVEN FL 32444

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 contained in Chapter 119, 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:

*John Tolbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08

Date

Daytime Phone #

2052

**RED MAN  
CONSTRUCTION  
&**

**HAULING**

**4527 NORTSHORE RD**

**LYNN HAVEN FL.32444**

**850-271-1448 FAX. 850-271-1439**

**CELL 850-265-3504**

**DATE 04/09/08**

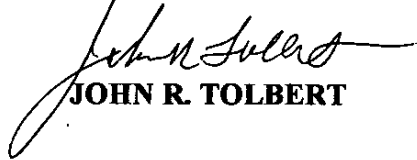
**THIS COMPANY NEVER STARTED BUSINESS BECAUSE I HAD A HEART  
ATTACT AT THE TIME.**

**I NOW WOULD LIKE TO START UP THE COMPANY.**

**I AM INCLOSING A CHECK FOR \$350.00 FOR BACK FEES.**

**I NEVER RECEIVED A FORM OR REQUEST FOR AN ANNUAL REPORT.**

**THANK YOU**



**JOHN R. TOLBERT**