

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P070000 35253**

2/ Corporation Name

RED INVESTMENTS OF GAINESVILLE

WI - 9103

3/ Principal Office Address - No P.O. Box #

3931 NW 23RD TERRACE

Suite, Apt. #, etc.

4/ Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

GAINESVILLE FLORIDA

City & State

Zip

32605

Country

USA

Zip

Country

5/ Date Incorporated or Qualified
To Do Business in Florida-

03/15/2007

6/ FEI Number

71-1029014

Applied For

Not Applicable

7/ CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8/ Name and Address of Current Registered Agent

Name

ANDERSON E. HATFIELD

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

4114 NW 13TH STREET

Suite, Apt. #, Etc.

City

GAINESVILLE COUNTY OF ALACHUA

State

FL

Zip Code

32609

☒ 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.

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03/16/10--01008--001 **150.00

9/ 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

Anderson E. Hatfield

REGISTERED AGENT MUST SIGN

Date

2/19/10

10/ 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
D	ROY A. HEBEL	3931 NW 23 TERRACE	GAINESVILLE FL 32605
D	DEBORAH L. HEBEL	3931 NW 23 TERRACE	GAINESVILLE FL 32605

REINSTATEMENT

RH

21/ E-mail Address: **rahebel@bellsouth.net**

(To be used for future annual report notification)

22/ 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. I further certify, 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:

Roy A. Hebel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2010

Date

352-372-4916

Daytime Phone #