

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/15/04--01012--018 **1208.75

01-04

DOCUMENT # P93000071340

1. Corporation Name

REDDEN CONSTRUCTION CORP.

2. Principal Office Address

18520 SW 200 ST

Suite, Apt. #, etc.

3. Mailing Office Address

18520 SW 200 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip Country

33187 USA

City & State

MIAMI, FL

Zip Country

33187

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

10-7-93

5. FEI Number

65-0451717

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

THOMAS L REDDEN JR.

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

18520 SW 200 STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33187

REINSTATEMENT

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

Thomas L Redden Jr.

REGISTERED AGENT MUST SIGN

Date 3-9-04

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.	THOMAS L REDDEN JR.	18520 SW 200 ST	MIAMI, FL 33187

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:

Thomas L Redden Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04 786-286-8830

Date Daytime Phone #

CR2E081 (01/04)