PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000074840

1. Corporation Name

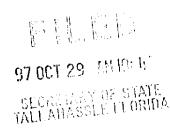
SIGNATURE:

REDEVELOPMENT PARTNERS, INCORPORATED

Principal Place of Business	
5401 W KENNEDY BLVD	
SUITE 751	
TAMPA FL 33609	

Malling Address

P O BOX 2861



188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188

SUITE 751 TAMPA FL		US	ST PETERSBURG FL 33731-2861 US			HEINSTATENIENT 97a			
	iddresses are incorrect in any way, line								
2. New Pri	inclpal Office Address, If Applicable	3. New Mai	ling Office Address, li	f Applicable	4. Date Incon	porated or Qualified iness in Florida	40.00E (4000	Section .	
Sulte, Apt.	#, etc.	Sulte, Apt. #	Sulte, Apt. #, etc.			5. FEI Number Applied For			
City & State)	City & State	City & State		59-3208036 Not Applice				
Zip	Country	Žip	Count	ry	6. CERTIFICAT	TE OF STATUS DESIRED 2	\$8.75 Additional Fee for a Certificate of		
7. Names	and Street Addresses of Each Officer a	ind/or Director (Flo	orida nonprofit corpor	ations must list at le	ast 3 directors)				
Title(s) 1	Name of Officers and/or Directors 2		Str	reet Address of Each flicer and/or Director Ise Post Office Box	City / State /		/ State / Zip		
DPST	DPST WOOD, RENE M.		5401 W KENNEDY BLVD SUITE 7						
							~		
							. d : 10 10 1	-	
						DDDD233 -10/30/97 ****750.(0110800! 00 ****750.	5 .00	
					9	0000233 -10/30/97 ******8.1	4389 01108000 75 ******8.	- 1 6 .75	
	8. Name and Address of Curre	nt Registered Age	ent		9. Name and	Address of New Register	ed Agent		
	JOEL B Entral ave			Name Street Address (F	P.O. Box Number	Is Not Acceptable)			
STE 20									
	ERSBURG FL 33701			Sulte, Apt. #, Etc.	•				
9				City		F	tate Zip Code		
10. I, being	appointed the registered agent of the	above named corpo	oration, am familiar w	ith and accept the of	bligations of Sect	tion 607.0505, F.S.			
Signature of Registered	Agent JOI/B C	REGISTERED AG	BENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·		Date 10/27/9	7		
	is corporation owes or angible Personal Prop			ar Yes 🔲	No 🗵		r side for information ntangible tax.)		
this reins owed by	that I am an officer or director or the re statement application, the reason for d the corporation have been paid and t pplication is true and accurate, and m	ssolution has been ne names of indi <u>yi</u> d	eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un-	of section 607,0401 or 61	7 0401 FS that all fe	200	

RENE' M. WOOD 10/27/97 813-286-8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayting Phone #