

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082236**

1. Corporation Name

**REDIRON FABRICATION, INC.**

Principal Place of Business

Mailing Address

1618 SE VILLAGE GREEN DRIVE  
# 384  
PORT SAINT LUCIE FL 34952  
US

2292 SE ROCK SPRINGS DRIVE  
PORT ST. LUCIE FL 34952  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0466637

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TARTER, ANTHONY R	2292 SE ROCK SPRINGS DRIVE	PORT ST. LUCIE FL 34952

000024169310  
10/27/03 01070 015 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TARTER, ANTHONY R  
2292 SE ROCK SPRINGS DRIVE  
PORT ST. LUCIE FL 34952

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Anthony R. Tarter*  
REGISTERED AGENT MUST SIGN

Date **10-18-03**

11. 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:

*Anthony R. Tarter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-18-03 772-398-6411**

Date

Daytime Phone #

CR2E040 (7/03)