

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 # **P94000044350**

1. Corporation Name

THE RED RIBBON CORPORATION

Principal Place of Business

43410 HORSIN AROUND LANE
ALTOONA FL 32702
US

Mailing Address

43410 HORSIN AROUND LANE
ALTONA FL 32702
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1994

5. FEI Number

59-3262822

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CAMPBELL MCGEE, PATRICIA	43410 HORSIN AROUND LANE	ALTOONA FL
ST	BAUGH, HELEN J	C/O 801 TRANQUILITY COVE	ALTAMONTE SPRINGS FL 32701
P	Campbell Lynch, Patricia	43410 Horsin-Around Lane	Altosona FL
			8000001971178 -10/11/96-01015-002 ***208.75 ***208.75

8. Name and Address of Current Registered Agent

CAMPBELL MCGEE, PATRICIA
43410 HORSIN AROUND LANE
ALTOONA FL 32702

9. Name and Address of New Registered Agent

Name Patricia Campbell Lynch
Street Address (P.O. Box Number is Not Acceptable)
43410 Horsin-Around Lane
Suite, Apt. #, Etc.
City Altosona State FL Zip Code 32702

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.

Signature of
Registered Agent

Patricia Campbell McGehee Lynch
REGISTERED AGENT MUST SIGN

Date

Sept 17, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Patricia Campbell McGehee Lynch Sept 17, 1996 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #