

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 22 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000085189

1. Corporation Name

Redman Golf Cars, Inc.

2. Principal Office Address

8219 VS Hwy 98 N.

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33809

Country

Polk

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT <sup>03-04</sup>

7/28/03 90150 015 158.25

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1994

5. FEI Number

593279895

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

Carolyn S. Redman

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

8219 Hwy 98 N.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

Carolyn Sue Redman  
REGISTERED AGENT MUST SIGN

Date 10-28-04

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
DP	Carolyn S. Redman	8219 Hwy 98 n.	Lakeland, FL 33809

800043130888

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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:

Carolyn Sue Redman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-04 863-859-1762

Date

Daytime Phone #

CR2E081 (01/04)

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