

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 5:15

DOCUMENT # 896000103291

1. Corporation Name

Red Bridge Inc.

2. Principal Office Address

215 N. woodland Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

215 N. woodland Blvd.

Suite, Apt. #, etc.

City & State

Deland Fla.

Zip 32724 Country USA

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Deland Fla.

Zip 32724 Country USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3423253

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

John J Soety

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

435 N SAN SOUCI AVE.

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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

John J Soety

Date 4-2-01

REGISTERED AGENT MUST SIGN

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.

JOHN J SOETY

435 N SAN SOUCI AVE
DELAND FL 32720

DELAND FL 32720

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

Date

904-736-3485

Daytime Phone #

CR2E081 (9/00)