PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 16 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300056265253
06/16/05--01057--006 **58.75

300056265253
06/16/05--01057--005 **1000.00

DOCUMENT #

1. Corporation Name
REDFORD ASSOCIATES

DOC# P98000027233

2. Principal Office Address	3. Mailing Office Address
427 CHURCH ST	427 CHURCH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST MELBOURNE, FL	City & State: W MELBOURNE, FL
Zip: 32904 Country: USA	Zip: 32904 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 03/28/1998

5. FEI Number 59 3502628 ☐ 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: DAVID L. REDFORD

Street Address (P.O. Box Number is Not Acceptable): 427 CHURCH ST

Suite, Apt. #, Etc.:

City: WEST MELBOURNE State: FL Zip Code: 32904

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: David L Redford Date: 5/13/2005
REGISTERED AGENT MUST SIGN

CR2E041 (01/04)

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
PRES	DAVID L. REDFORD	427 CHURCH ST	WEST MELBOURNE FL 32904
			03-05

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: DAVID L. REDFORD David L Redford 321-727-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/13/2005