

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000060710

1. Corporation Name

Redwall USA, Inc.

2. Principal Office Address

600 S. Andrews Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

6631 NW 61st. Ave.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Parkland, FL

Zip

33069

Country

Broward

Zip

33067

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 7, 1999

5. FEI Number

65-0936697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700009990717
01/09/03--01050--009 ***900.00

0203

7. Name and Address of Current Registered Agent

Name

Edgar L. White

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

6631 NW 61st. Ave.

Suite, Apt. #, Etc.

City

Parkland,

State
FL

Zip Code
33067

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

Edgar L. White

REGISTERED AGENT MUST SIGN

Date 1/6/03

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
President/Edgar L. White		6631 NW 61st. Ave.	Parkland, FL 33067

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:

Edgar L. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

954-545-9778

Daytime Phone #

CR2E081 (10/02)