| PLEASE NEAD  | ALL INSTRUCTIONS DEFONE   | 50WI EETING THO 7 51 IIII  |
|--|---|--|
| COPPORATION REINSTATIONENT   | FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS | FILED SEURETARY OF STATE DIVISION OF CORPORATIONS  |
| DOCUMENT # \$ 990000 81178   |   | 00 NOV -6 AM 10: 06  |
| RED RAIDER ENTERMISES INC.   |   |  |
| 2. Principal Office Address  | 3. Mailing Office Address   | _  |
| 2000 FUGARTY AVE   | 2000 FOGARTY AVE  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   | 4. Date Incorporated or Qualified  |
| City & State   | City & State  | To Do Business in Florida  |
| KEY WEST FL  | KEY WEST FL   | 5. FEI Number Applied For Not Applicable   |
| 33040 USA  | Zip Country USA   | 6. CERTIFICATE OF STATUS DESIRED S8.75. Additional Feer required for a Certificate of Status |
| 33070 01311  | 7. Name and Address of Current Registe  |  |
| Name   |   |  |
| CHERI G.   | 900003479039†5<br>  |  |
| Street Address (P.O. Box Number is 2000 FOGART)  | Not Acceptable)   | ****158.75 ***** <b>158.75</b>   |
| Suite, Apt. #, Etc.  |   |  |
| City KEY WEST  |   | State Zip Code<br>FL 33040   |
| the state of the s | pove named corporation, am familiar with and accept the                                     | obligations of section 607.0505 or 617.0503, F.S.  |
| Signature of Date 11-3-00  |   |  |
| Registered Agent Date Date Date  |   |  |
| 9. Names and Street Addresses of Each Officer a  | ind/or Director (Florida nonprofit corporations must list at                                | least 3 directors)   |
| Titles Name of Street Addr Officers and/or Directors Officer and   |   |  |
| P/T WILTON A. L  | EE 2000 FOGART  | Y AVE KEY WEST, FL. 33040  |
| P/T WILTON A. L<br>V/S CHERI G. LE   | IS 2000 FOGARTY   | Y AVE KEY WEST, FC. 33040<br>AVE KEY WEST, FC. 33040   |
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|  |   | LAW27  |
|  |   | $ \mathcal{P}_n $  |
|  |   | ,  |
|  |   |  |
| 10. I certify that I am an officer or director or the re-  | ceiver or trustee empowered to execute this application a                                   | s provided for in chapter 607 or 617, F.S. I further certify that when filling               |

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: Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-00

305-295-9340

ate

Daytime Phone #

Red Raider Enterprises, Inc. 2000 Fogarty Avenue Key West, Florida 33040 305-295-9340 Fax 305-295-0036

November 3, 2000

Ms. Katherine Harris Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement of Corporation

We request reinstatement of the Red Raider Enterprise, Inc. Document #P99000081178.

The corporation was administratively dissolved because no UBR was received by you. Upon checking with Florida Department of State Division of Corporations we found that the corporate address had been improperly entered into the Division of Corporations database. UBR was sent to an incorrect address and returned.

The Division of Corporations Customer Service Representative "Stacy" has corrected the address. We are advised to return the completed reinstatement form with a check for \$150.00. Please find our check for \$150.00 and an additional \$8.75 for a Certificate of Status.

Please advise if we need to do anything further to regain active corporate status.

GERRETE ...

Sincerely,

Wilton A. Lee, President

Red Raider Enterprise, Inc.