

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 FEB 24 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082831

1. Corporation Name

Redman's Inc

2. Principal Office Address

6600 Bay Tree Ct

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 701963

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34771

Country

USA

Zip

34770

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

59-3599627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Gains Redman

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

6600 Bay Tree Ct.

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34771

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

Gains C. Redman A

REGISTERED AGENT MUST SIGN

Date

2/17/04

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
P	Gains Redman	6600 Bay Tree Ct	St. Cloud, FL 34771

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:

Gains C. Redman A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/04

Daytime Phone #

407-891-8391

CR2E081 (01/04)