

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09582

1. Corporation Name
Red Garber Saloon Inc

2. Principal Office Address
83 Hwy 17-92
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Debarry, Florida
Zip Country
32713 Volusia

City & State
Florida
Zip Country

FILED

01 AUG 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 7/31/1997

5. FEI Number 59-3104988
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 Patricia Ruoff **800004563798-2**
Street Address (P.O. Box Number is Not Acceptable) 35 Alicante Rd **08/30/01-01035-008**
Suite, Apt. #, Etc. *****300.00 ***300.00**

City Debarry **State** FL **Zip Code** 32713

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

REGISTERED AGENT MUST SIGN

Date 4/23/01

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	Patricia Ruoff	35 Alicante Rd - Debarry	Debarry FL 32713
Secretary	Patricia Ruoff	35 Alicante Rd - Debarry	Debarry, FL 32713
Treasurer	Patricia Ruoff	35 Alicante Rd - Debarry	Debarry, FL 32713

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:

Patricia Ruoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

407-668-9338

Daytime Phone #

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To Whom This May Concern

8/23/01

Re: The Red Cante Saloon One.
Ref: Numba: V09582

I have just Received the letter dated May 22, 01 stating our Corporation did not send enough money to re-state.

My reason for writing this letter is to ask the reinstatement fee be waived.

Our business is not making alot of money at this time. My mother - owner President of the Corporation is having and has had some serious heart & other health problems at this time. A lot of things have just been let go because no one else was taking care of the business until these past couple of months. I have had alot to catch up and I am trying my best to deal with them. Please Except our apology for this matter. If there are any questions I can be reached @ 904-774-7689 or 904-774-1884

Thank you

Denise Seidel
Denise Seidel