

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 22 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000002554

1. Corporation Name

Red Alert Screen Printing, INC.

REINSTATEMENT 07-08

CR2E081 (10/08)

10/28

2. Principal Office Address - No P.O. Box #

6021 Jet Port Industrial Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

US

3. Mailing Office Address

6021 Jet Port Industrial Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

January 5, 2006

5. FEI Number

20-4045178

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

Gary Jurman

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

6021 Jet Port Industrial Blvd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33634

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Gary Jurman

REGISTERED AGENT MUST SIGN

Date

10/20/08

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
DPST	Gary Jurman	6021 Jet Port Industrial Blvd	Tampa, FL 33634

400137174224
10/22/08-01035-005 **300.00

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 contained in Chapter 119, 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:

Gary Jurman Gary Jurman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/08

Date

813-931-5676

Daytime Phone #