

**2005 FOR PROFIT CORPORATION  
 REINSTATEMENT**

**FILED**  
 H050000547273  
 MAR -4 2005

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 04-05

<b>DOCUMENT # 143078</b>					
1. Entity Name <b>RED TOP SEDAN SERVICE INC</b>					
Principal Place of Business 11077 NW 36TH AVE MIAMI, FL 33187			Mailing Address ONE RIVERWAY STE 500 HOUSTON, TX 77056 US		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		02112005 REIN-P CR2E098 (6/04)	
Zip	Country	Zip	Country	4. FEI Number 59-0527433	
				Applied For Not Applicable	
5. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Deborah D. Skipper</u> <b>Deborah D. Skipper</b> <b>Asst. V. Pres.</b> <b>3/4/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(printed Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/		
TITLE	DVPS	<input checked="" type="checkbox"/> Delete	TITLE	Dir, VP, Sec, Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGO, ROBERT E		NAME	Ross Kinnear	
STREET ADDRESS	ONE RIVERWAY, STE 500		STREET ADDRESS	160 S. Route 17 N.	
CITY-ST-ZIP	HOUSTON, TX 77058		CITY-ST-ZIP	Darlington, MS 39725	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID		NAME		
STREET ADDRESS	ONE RIVERWAY, STE 500		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77058		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LINDA		NAME		
STREET ADDRESS	ONE RIVERWAY, STE 500		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 770581903		CITY-ST-ZIP		
TITLE	ACS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSECRANS, SHAYNE A		NAME		
STREET ADDRESS	ONE RIVERWAY, STE 500		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77058		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3305 713-286-2015 Date Date-time Phone #		

TR

**Florida Department of State**  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

*SYK*

**CORPORATION REINSTATEMENT**

**RED TOP SEDAN SERVICE INC**

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