

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 24 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000005271

1. Corporation Name

Redflex Traffic Systems, Inc.

500192365665
01/25/11--01002--003 **\$900.00

CR2E081 (6/10)

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

23751 N. 23rd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

23751 N. 23rd Ave.

Suite, Apt. #, etc.

City & State

Phoenix, AZ

City & State

Phoenix, AZ

Zip

85085

Country

Zip

85085

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2007

5. FEI Number

94-3292233

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

NRAT Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

REINSTATEMENT

10-11

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

NRAT Services, Inc.

REGISTERED AGENT MUST SIGN

Date 1/11/11

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	Karen Finley	23751 N. 23rd Ave.	Phoenix, AZ 85085
S	Andrejs Bunkse	23751 N. 23rd Ave.	Phoenix, AZ 85085
T	Sean Nolen	23751 N. 23rd Ave.	Phoenix, AZ 85085
D	Graham Davie	23751 N. 23rd Ave.	Phoenix, AZ 85085
D	Ronald Johnson	23751 N. 23rd Ave.	Phoenix, AZ 85085
D	Ronald Langley	23751 N. 23rd Ave.	Phoenix, AZ 85085

10. E-mail Address: rjohnson@redflex.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #