

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000045381 3)))



H090000453813ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

CORPORATION REINSTATEMENT

RED TOP TRANSPORTATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

• 308.75

Electronic Filing Menu

Corporate Filing Menu

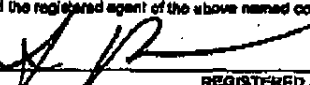
Help

Prx b12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 FEB 26 PM 3:16

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M10450					
1. Corporation Name RED TOP TRANSPORTATION, INC.					
2. Principal Office Address - No P.O. Box # 8323 NW12TH STREET			3. Mailing Office Address 1800 Phoenix Blvd.		
Suite, Apt. #, etc. Suite 109			Suite, Apt. #, etc. Suite 120		
City & State Miami, Florida			City & State Atlanta, Georgia		
Zip 33126	Country USA	Zip 30349	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/10/2002	
5. FBI Number 59-2499262				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				SLLS Affidavit Fee required (see a Certificate of Status)	
7. Name and Address of Current Registered Agent					
Name CT CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, Etc.					
City PLANTATION			State FL	Zip Code 33324	
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 		Anusha Putty Vice President		Date 2/11/09	
9. Names and Street Addresses of Each Officer and/or Director (Florida has no limit on the number of officers and directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	Craig Norris	1800 Phoenix Blvd. Suite 120		Atlanta, Georgia 30349	
S/D	Michael Deitch	1800 Phoenix Blvd. Suite 120		Atlanta, Georgia 30349	
C/D	Fletcher McCusker	1800 Phoenix Blvd. Suite 120		Atlanta, Georgia 30349	
10. I certify that I am an officer or director of 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: 		Michael Deitch		Date 2/16/09 520 747 6674	
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR					