

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # P00000081174

1. Corporation Name

REDTANTRA, INC.

REINSTATEMENT 03



Principal Place of Business

Mailing Address

20985 ST. ANDREWS BLVD # 25
BOCA RATON FL 33433

20985 ST. ANDREWS BLVD # 25
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2000

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

25

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1026395

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HART, DEVI	300 W CONFERENCE DR 20985 St. Andrews Blvd # 25	BOCA RATON FL 33433 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HART, DEVI

20985 ST. ANDREWS BLVD # 25
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03

CR2E040 (7/03)

10/10/03

I did not receive
a VBR notice. It seems that
the address you had was
missing my apartment
number.

Thank you for your
understanding,

Devi Blarf