

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:10

DOCUMENT # P01000081970

1. Corporation Name

RED LETTER 9 INC.

Principal Place of Business

3124 LOOKOUT TRAIL
TALLAHASSEE FL 32309

Mailing Address

3124 LOOKOUT TRAIL
TALLAHASSEE FL 32309

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

2. New Principal Office Address, If Applicable

2910 KERRY FOREST PKWY 2910 KERRY FOREST PKWY

Suite, Apt. #, etc.

D4

Suite, Apt. #, etc.

D4

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32309

Country

USA

Zip

32309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

59-3747396

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
P	BRIAN JOHNSTON	2910 KERRY FOREST PKWY TALLAHASSEE, FL 32309 D4	TALLAHASSEE, FL 32309
VP	MARTIN SHIPMAN	2877 COREY TRACE TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32309
T	CHRIS SIMS	8429 UNIONTOWN HWY	UNIONTOWN, AR 72955
S	JOHN MCKINNEY	145 HAPPY FAMILY LANE	NEBO, NC 28761
			700008838207 11/06/02--01126--006 **758.75

8. Name and Address of Current Registered Agent

JOHNSTON, BRIAN
3124 LOOKOUT TRAIL
TALLAHASSEE FL 32309

9. Name and Address of New Registered Agent

Name

BRIAN JOHNSTON

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

2910 KERRY FOREST PKWY

Suite, Apt. #, Etc.

D4

City

TALLAHASSEE

State

FL

Zip Code

32309

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #