## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000081970

MCKINNEY, JOHN

NEBO, NC 28761

145 HAPPY FAMILY LANE

Name:

Address:

City-St-Zip:

Entity Name: RED LETTER 9 INC.

FILED Jan 11, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3353 GARBER DRIVE TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 2910 KERRY FOREST PKWY TALLAHASSEE, FL 32309 FEI Number: 59-3747396 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSTON, BRIAN 2910 KERRY FOREST PKWY TALLAHASSEE, FL 32309 US 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. SIGNATURE: BRIAN JOHNSTON Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JOHNSTON, BRIAN Name: Name: 2910 KERRY FOREST PKWY D4 Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: SHIPMAN, MARTIN Name: 2910 KERRY FOREST PKWY D4 Address: Address: TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition SIMS, CHRIS Name: Name: 8429 UNIONTOWN HWY Address: Address: City-St-Zip: UNIONTOWN, AR 72955 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN JOHNSTON PRES 01/11/2005