2007 FOR PROFIT CORPORATION REINSTATEMENT

	MENT # P03000043		FILE	D			
1. Entity Name RED TAPE LICENSING CORPORATION				0	7FEB-7 AH	1 8: 02	
			1		STITLEN AC	CRIATE	
Principal Place of Business Mailing Address 3207 BIRD AVENUE 3207 BIRD AVENUE COCONUT GROVE, FL 33133 COCONUT GROVE, FL 331			23133		SEURETARY OF STATE TALLAHASSEE, FLORIDA		
0000101 01072,12 33133					nı asılı döni seni əsili gibsi	a hilan kanii Bidan ambasi ni 1851	
Principal Place of Business - No P.O. Box # Mailing Address							
	9 BIRD AVENUE		3219 BIRD AVENUE Suite, Apt. #, etc.		III BATII BATII BAIN BATII BATII BIDGI	a mins iste genera military († 1901	
Suite, Apt. #, etc. Suite, Apt. #, etc.				02022007 RE	EIN-P CR2	E098 (1/07)	
City & Stat		City & State COCONUT GROVE, FL		4. FEI Number 05-0565429		Applied For	
COCONUT GROVE, FL Zip Country		Zip GROVI			•	Not Applicable \$8.75 Additional	
33133 USA		33133			us Desired	Fee Required	
6. Name and Address of Current Registered Agent							
	E, TERESA		dress (P.O. Box Number is No	ot Accoptable)			
3207 BIRD	FAVENUE FGROVE, FL 33133		321	9 BIRD AVENUE	at Acceptable)		
	,						
				ONUT GROVE	F	L Zip Code 33133	
8. 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. I am familiar with, and accept the obligations of registered agent.							
the obligat	indis of redistered agent.	W. Jan					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE							
FII	LE NOWIII FEE IS \$300.00				ccordance with s. 60 oration did not rece	07.193(2)(b), F.S., the ive the prior notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AN	ND DIRECTORS IN 11	
TITLE	DP TENERA	☐ Delete	TITLE	1		Change Addition	
name Street address	O'ROURKE, TERESA 3207 BIRD AVENUE		NAME STREET ADDRESS	3219 BIRD AVEN	TE	·	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	COCONUT GROVE,			
TITLE NAME		☐ Delete	TITLE NAME	SECRETARY		☐ Change 🔀 Addition	
STREET ADDRESS			STREET ADDRESS	PETER G. ELLES 3219 BIRD AVEN	TE		
CITY-ST-ZIP			CITY-ST-ZIP	COCONUT GROVE,			
TITLE NAME		☐ Delete	TITLE NAME			Change Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	NAME R	EINSTA]	TEN ATEN	Change Addition	
STREET ADDRESS			STREET ADDRESS	TITIO IM	FIME	NI 06-07	
CITY-ST-ZIP			CITY-ST-ZIP	·	•		
TITLE NAME		☐ Defete	TITLE NAME			Change Addition	
STREET ADDRESS			STREET ADDRESS	400	10 8846 3 70100401	3274	
CITY-ST-ZIP			CITY-ST-ZIP	02/16/0	/U1UU4U1	,,	
NAME		☐ Delete	NAME			Change Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		and the second second second	CITY-ST-ZIP	MANAGEMENT AND THE STATE OF THE	le Charles I.C.		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Lesse Marke							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone							

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