

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 28 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P03000053550</b> 1. Entity Name <b>REDHOUSE INTERACTIVE INC.</b>																													
Principal Place of Business <b>45 GREY FOX RUN CHAGRIN FALLS, OH 44022</b>			Mailing Address <b>45 GREY FOX RUN CHAGRIN FALLS, OH 44022</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>65-1185105</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent <b>REDMAN, MICHAEL 535 N. MAGNOLIA AVENUE ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>MICHAEL SPECK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1912 B LEE ROAD</b> City <b>ORLANDO</b> FL Zip Code <b>32810</b>																									
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. SIGNATURE <u><i>Michael Speck</i></u> DATE <u>11/10/08</u> <small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REDMAN, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>45 GREY FOX RUN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CHAGRIN FALLS, OH 44022</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	REDMAN, MICHAEL		STREET ADDRESS	45 GREY FOX RUN		CITY-ST-ZIP	CHAGRIN FALLS, OH 44022		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Michael Speck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2.28.08</u> Daytime Phone # <u>3216636630</u>																										