

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 MAR 25 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0500165998

1. Corporation Name

RED NUMBERS, INC.

P05000165998

800173137458
03/25/10--01027--010 **308.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

6073 Beechwood Dr.

Suite, Apt. #, etc

3. Mailing Office Address

6073 Beechwood Dr.

Suite, Apt. #, etc

City & State

Dade City, FL

City & State

Dade City, FL

Zip

33523

Country

USA

Zip

33523

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 22, 2005

5. FEI Number

04-3836780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bob Carson

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

6073 Beechwood Dr.

Suite, Apt. #, Etc

City

Dade City

State

FL

Zip Code

33523

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/23/2010

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Bob Carson	6073 Beechwood Dr.	Dade City, FL 33523

REINSTATEMENT

09-10

AK

10. E-mail Address: rcarson9@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Bob Carson

Bob Carson

3/23/2010

772-971-7579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


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UNDER THE PROVISIONS OF F.S. 607.0501, THE UNDERSIGNED CORPORATION,
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: Red Numbers, Inc.
2. The name and address of the registered agent and office is:

Bob Carson
6073 Beechwood Drive
Ridge Manor, FL 33523

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in this certificate, I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Bob Carson

Date: _____