PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 OCT 22 PM 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PØ6ØØØØØ2554

1. Corporation Name

Red Alert Screen Printing, INC.

REINSTATEMENT 07-08

CR2E081 (10/08)   JC 10/22

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

6121 Jet Port Industrial Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip 33634 | Country US

3. Mailing Office Address

6121 Jet Port Industrial Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip 33634 | Country US

4. Date Incorporated or Qualified To Do Business in Florida   January 5, 2006

5. FEI Number   20-4045178   ☐ 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   Gary Jurman

Street Address (P.O. Box Number is Not Acceptable)   6121 Jet Port Industrial Blvd

Suite, Apt. #, Etc.

City   Tampa | State **FL** | Zip Code 33634

☑ 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 _Gary Jurman_   REGISTERED AGENT MUST SIGN   Date 10/20/08

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
DPST	Gary Jurman	6121 Jet Port Industrial Blvd	Tampa, FL 33634
		400137174224 10/22/08--01035--005 **300.00	

10. 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 contained in Chapter 119, 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: _Gary Jurman_   Gary Jurman   10/20/08   813-931-5676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #