

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT 28 AM 6:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000061365

1. Corporation Name

Red Dot Augusta, Inc.

REINSTATEMENT 08-09

CR2E081 (12/08)

10/10/08

2. Principal Office Address - No P.O. Box #  
5204 St. Paul Street

3. Mailing Office Address  
Same as principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State

Zip Country  
33619 USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida 5/21/07

5. FEI Number  
26-0307829

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  
Andrew McIntosh, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
Fower White Boggs P.A.

Suite, Apt. #, Etc.  
501 E. Kennedy Boulevard, Suite 1700

City  
Tampa

State Zip Code  
FL 33602

☐ 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

*[Signature]*

Date 10/15/09

REGISTERED AGENT MUST SIGN

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
DPS	Lisa C. Nation	5204 St. Paul Street	Tampa, FL 33619
DVT	Eric W. Carroll	5204 St. Paul Street	Tampa, FL 33619
D	Geneva W. Medlock	5204 St. Paul Street	Tampa, FL 33619

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10/27/09--01025--001 \*\*900.00

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:

*[Signature]*

LISA C. NATION

10/26/09

(813) 623-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #