PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

P98000073775 DOCUMENT

1. Corporation Name

RED CUP VENTURES INC.

Principal Place of Business

Mailing Address

1803 PARK CENTER DRIVE #220 ORLANDO FL 32835

1803 PARK CENTER DRIVE #220

ORLANDO FL 32835

FILED

D2 HAY -8 AM 11:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02



		Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/24/1998			
City & State City & St		5.		5. FEI Numbe			
Zip Country	Zip	Coun	try	6. CERTIFICATI	OF STATUS DESIRED (S8.	Not Applicable 75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Off	cer and/or Director (FI	orida nonprofit corpo	rations must list at leas	at 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		· ,,i	City / State / Zip		
DPST TOWNSEND, DAVID J		1803 PARK CENTER DRIVE #220			ORLANDO FL 32835		
			Man appropriate to	. 80	00054912	2888	
			A CONTROL OF THE PARTY OF THE P		-05/08/020; ***7095.75	****900.00	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
PHOLE PARTICIPAL I			Name				
RUSH, RANDOLPH J 250 PARK AVENUE SOUTH			Street Address (P.O. Box Number is Not Acceptable)				
5TH FLOOR			Suite, Apt. #, Etc.		· · · · · · · · · · · · · · · · · · ·		
WINTER PARK FL 32789			City				
		α	City		State	Zip Code	
10. I, being appointed the registered agen of Signature of Registered Agent	the above named corporate the above named co		ith and accept the oblig	gations of Section		7	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Toursend, President 10/29/01

Daytime Phone #

407 254 - 6400