

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000056118

1. Corporation Name

RED CARPET TRAVEL SERVICES, INC.

Principal Place of Business

Mailing Address

900 E ATLANTIC AVE
7
DELRAY BEACH FL 33483

80 SALINA AVE., #2
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

5. FEI Number

65-0929573

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KRATZ, AIMEE	80 SALINA AVE #2	DELRAY BEACH FL 33483
S	KRATZ, GARY R	80 SALINA AVE #2	DELRAY BEACH FL 33483
P	KRETZ, AIMEE	80 SALINA AVE #2	DELRAY BEACH, FL 33483
S	KRETZ, GARY R	80 SALINA AVE #2	DELRAY BEACH, FL 33483
900004702099--6 12/03/01-01047-006 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

KRETZ, AIMEE
80 SALINA AVE., #2
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/5/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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] Aimee Kretz - President

Date

Daytime Phone #

11/5/01 561-330-8337