

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 20 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 513543

1. Entity Name
RENCE INVESTMENTS INC.



Principal Place of Business
% K.M. LANCASTER
50 W. MASHTA DRIVE, SUITE 6
KEY BISCAYNE, FL 33149

Mailing Address
% K.M. LANCASTER
50 W. MASHTA DRIVE, SUITE 6
KEY BISCAYNE, FL 33149



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10182006 REIN-P CR2E098 (11/05)

4. FEI Number
59-1710535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANCASTER, KENNETH M., C.P.A.
50 WEST MASHTA DR., SUITE 6
KEY BISCAYNE, FL 33149

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LOSADA, JOAQUIN
STREET ADDRESS 210 SEAVIEW DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME 800081070808
STREET ADDRESS 10/20/06--01048--023 **150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME FINA, JOAQUIN L
STREET ADDRESS 210 SEAVIEW DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME FINA, PAULA L
STREET ADDRESS 210 SEAVIEW DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18-10-06

361-3619452