PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # N02000002831

1. Corporation Name
RENAISSANCE VILLAGE ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
777 E. Atlantic Ave.	777 E. Atlantic Ave.
Suite, Apt. #, etc. Suite Z, Box 371	Suite, Apt. #, etc. Suite Z, Box 371
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483 Country USA	Zip 33483 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 04/17/02

5. FEI Number 04-3647387 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John Cyr

Street Address (P.O. Box Number is Not Acceptable): 1020 Miramar Dr.

Suite, Apt. #, Etc.:

City: Delray Beach, State: FL Zip Code: 33483

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: JC REGISTERED AGENT MUST SIGN Date: 10/09/03

CR2E044 (01/02)

9. Names and Street Addresses of Each Director/Manager/Trustee (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
DP	Thomas D. Laudani	777 E. Atlantic Ave, Suite Z, Box 371	Delray Beach, FL 33483
DS	Louis Minicucci, Jr.	777 E. Atlantic Ave, Suite Z, Box 371	Delray Beach, FL 33483
DT	Thomas Kiley	777 E. Atlantic Ave, Suite Z, Box 371	Delray Beach, FL 33483

10. I certify that I am an officer or director of 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: Thomas D. Laudani 10/09/03 561-272-9958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

RENAISSANCE VILLAGE ASSOCIATION, INC.

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