


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION 2000-2001 UBB		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000066811			
1. Corporation Name CHRISTOPHER F. RENNERT, INC.			
2. Principal Office Address Christopher Rennert Suite, Apt. #, etc. N/A City & State PALM HARBOR FL 117 Augusta Ave 34683 Zip 34683 Country USA		3. Mailing Office Address 117 Augusta AVE Suite, Apt. #, etc. N/A City & State Palm Harbor, FL 34683 Zip 34683 Country USA	

FILED

01 FEB 28 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

4. Date Incorporated or Qualified To Do Business in Florida 9-6-94	
5. FEI Number 59-3277335	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Christopher Rennert		
Street Address (P.O. Box Number is Not Acceptable) 117 Augusta Ave		
Suite, Apt. #, Etc.		
City Palm Harbor,	State FL	Zip Code 34683

7000003912177-0
-03/27/01--01065-021
*****300.00 *****300.00

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 _____ Date _____
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
P,D,S	Christopher Rennert	117 Augusta Ave	Palm Harbor FL 34683

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten signature] Christopher Rennert 2/9/01

Date

Daytime Phone #

CR2E081 (9/00)

DO NOT REMOVE!

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February 9, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Christopher F. Rennert, Inc. P94000066811

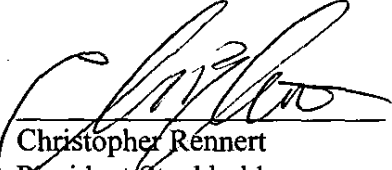
To Whom it May Concern,

Enclosed please find a completed Reinstatement form and a check for \$300.00 payable to the Secretary of State for the reinstatement of the above named corporation.

I did not receive the renewal for 2000 as I had moved and for some reason it was not forwarded to the new address.

I would like you to consider reinstating my corporation under the guise that I did not have control over the forwarding of my mail.

Thank you in advance for your consideration in this matter.


Christopher Rennert
President/Stockholder