

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 20 AM 11:02

DOCUMENT # **831409**

1. Corporation Name

RENNERT INVESTMENTS LIMITED

2. Principal Office Address

40 ERNST & YOUNG

Suite, Apt. #, etc.

1 PLACE VILLE MARIE

City & State **SUITE 2400**

MONTREAL, QUEBEC

Zip

H3B3M9

Country

CANADA

3. Mailing Office Address

40 ERNST & YOUNG

Suite, Apt. #, etc.

Box 4500 STATION B

City & State

MONTREAL, QUEBEC

Zip

H3B5J3

Country

CANADA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1973

5. FEI Number

98-0017914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Barbara A. Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date

7-17-01

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
PRES.	RENNERT, MICHAEL	9 EDGEHILL AVENUE	MONTREAL, QUEBEC, CANADA H3Y1E8
SEC. TREAS	STEIN, DAVID	9 SEVERN AVENUE	MONTREAL, QUEBEC, CANADA H3Y2C6
V.P.	SIBLIN, HERBERT	55 ABERDEEN AVENUE	MONTREAL, QUEBEC, CANADA

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:

DAVID A. STEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 16, 2001

Daytime Phone #

CR2E081 (9/00)