

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 29 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


500126818265

04/29/08--01029--013 **450.00

CR2E081 (12/07)

REINSTATEMENT

06-08 KS

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05000123759

1. Corporation Name

Renacer U.S.A. Inc.

2. Principal Office Address - No P.O. Box #

201 Hilda Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

201 Hilda Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

7. Name and Address of Current Registered Agent

Name

Advisors Resource Network Inc.

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

4809 E Busch Blvd

Suite, Apt. #, Etc.

Suite 201B

City

Tampa

State

FL

Zip Code

33617

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Daniel Garcia

Date 4/23/08

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	Contreras, Juan B	8850 Fountainbleau Blvd Suite 205	Miami, FL 33172
VP	Londono, Disney Munoz B	100 Sur 200 Este Dela Rotunda Depa	San Jose Costa Rica
D	Garcia, Daniel	4809 E Busch Blvd 201B	Tampa, FL 33617

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 contained in Chapter 119, 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:

Daniel Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

813-781-6710

Daytime Phone #