

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 19 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 470966

1. Corporation Name

Rin Corp.

2. Principal Office Address

3820 SW 88 Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

U.S.A.

3. Mailing Office Address

3820 SW 88 Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1975

5. FEI Number

59-2837647

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

Diaz, Maria Ester

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

3820 SW 88 Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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	Diaz, Maria Ester	3820 SW 88 Ct.	Miami / FL / 33165

99-02 UBR

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:

x Maria E Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August 9, 2002

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

Re: Ren Corp.
#470966

Gentlemen:

It has come to our attention that we have not been filing the Uniform Business Report for the last 4 years.

Our address changed and we were never notified by our accountant regarding the annual filing. He passed away last year and we discovered the omission through notification by the Department of the Florida Lottery. We would like to request at this time that we be allowed to pay the \$150.00 annual fee instead of the late fee. We are enclosing the report which contains the correct address and officers and a check for \$600.00 for the annual reports. Additionally, we are enclosing a check for \$35.00 to change the name since we discovered that another person incorporated a similar name.

Thank you very much for your cooperation.

Sincerely

- Maria E. Diaz

President