

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 14 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764483

1. Corporation Name

RENAISSANCE HISTORICAL SOCIETY OF FLORIDA, INC.

Principal Place of Business

14 SW 2ND AVE.
MIAMI FL 33130

Mailing Address

14 SW 2ND AVE.
MIAMI FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2347584

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TD	BROWN, GEORGE EARL	14 S.W. SECOND AVE.	MIAMI FL 33130
PD	ALLEN, JOE	1122 NE 91ST ST	MIAMI SHORES, FL 33138
SD	ALEXANDER, KATE	1950 SW 81ST TERRACE	DAVIE FL 33324
			1100002350481-3 -11/18/97-01046-009 ***236.25 ***236.25

REINSTATEMENT

8. Name and Address of Current Registered Agent

BROWN, GEORGE EARL
14 SW 2ND AVE.
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

George Earl Brown
REGISTERED AGENT MUST SIGN

Date

11/12/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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

Joe Allen
JOE ALLEN

Date

Daytime Phone #

11-12-97

(305)
759-6651

CR2E040 (8/97)