

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR -2 PM 2:00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/1982

5. FEI Number

59-2347584

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	BROWN, GEORGE E	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

5000003169885--U  
-03/14/00--01119--016  
\*\*\*\*297.50 \*\*\*\*297.50

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

2-29-00

11. 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.

KE

SIGNATURE:

*George E. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00  
Date

305/371-2735  
Daytime Phone #