APPROVED AND FILED

12 SEP -7 PM 4:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 10-12

CR2E082 (11/10)

DOCUMENT # F04000005208

1. Corporation Name

Renaissancepg Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
234 Morrell Road	234 Morrell Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 191	Suite 191
City & State	City & State
Knoxville, TN	Knoxville, TN
Zip / Country	Zip / Country
37919 / USA	37919 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/13/2004

5. FEI Number: 201457374 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: C T 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 617.0501, F.S.

Signature of Registered Agent: Nathan S. Giffin Asst. Secretary Date: 9/7/12

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Howard S. Primer	234 Morrell Road, Suite 191	Knoxville, TN 37919

10. E-mail Address: H.Primer@RenaissancePC.com

(To be used for future annual report notification)

11. I certify that an officer or director of the registrant or trustee empowered to execute this application as provided for in section 607.0120, F.S. I further certify that upon filing this reinstatement application, the name for reservation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I (subsequently) the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Howard S. Primer 9/6 865.599.6730

SIGNATURE REQUIRED WHEN DOCUMENT IS EXECUTED BY OFFICER OR DIRECTOR — Date — Daytime Telephone Number

FLCHG - 01/07/2011 CT System Online

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A. DUNLAP

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
RENAISSANCEPG INC.

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