# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

16 OCT 13 AM 6:11

TALLAHASSEE, FLORIDA

## CORPORATIONREINSTATEMENT
## RENOVATE AMERICA, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $750.00 |

16 OCT 13 AM 6:11

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16 OCT 12 AM 8:45

TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F13000003773

1. Corporation Name

RENOVATE AMERICA, INC.

2. Principal Office Address - No P.O. Box #
15073 AVENUE OF SCIENCE

Suite, Apt. #, etc.
200

City & State
SAN DIEGO, CA

Zip: 92128 Country: USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
9/4/2013

5. FEI Number
26-4104352

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED. $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT 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 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 9/30/2016

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 | John Paul McNeill | 15073 Avenue of Science, Suite 200 | San Diego, CA 92128 |
| S | Scott D. McKinlay | 15073 Avenue of Science, Suite 200 | San Diego, CA 92128 |
| T | Thomas E. Hemmings | 15073 Avenue of Science, Suite 200 | San Diego, CA 92128 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: pcf@renovateamerica.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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: [signature] Scott McKinlay 9/30/2016 (619)268-6976 x119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/17/2013 Wolters Kluwer Online

K. ASHTON