

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

1996 NOV -5 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97438**

1. Corporation Name

RENAISSANCE INVESTMENTS, INC.

Principal Place of Business

500 N ORLANDO AVE
P.O. BOX 1046
WINTER PARK FL 32789
US

Mailing Address

P O BOX 1046
P.O. BOX 1046
WINTER PARK FL 32780
US

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

2. New Principal Office Address, If Applicable

496 South Delaney Avenue

Suite, Apt. #, etc.

Suite 406 "A"

City & State

Orlando, FL

Zip

32801

Country

Orange

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1982

5. FEI Number

59-2216700

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PDS	HUCKEBA, JAMES C	1550 INDIAN DANCE CT. 496 South Delaney Ave. Suite 406 "A"	MARTLAND FL Orlando FL 32801

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***375.00 ***375.00

8. Name and Address of Current Registered Agent

HUCKEBA, JAMES C.
~~1550 INDIAN DANCE CT.~~
~~MARTLAND FL 32781~~

9. Name and Address of New Registered Agent

Name

James C. Huckeba

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

496 South Delaney Avenue

Suite, Apt. #, Etc.

Suite 406 "A"

City

Orlando

State

FL

Zip Code

32801

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/31/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director of 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

10/31/96

407-446-0228

Date

Daytime Phone #