PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV 17 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97438**

1. Corporation Name
RENAISSANCE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~496 SOUTH DELANEY AVENUE~~ ~~SUITE 406 "A"~~ ~~ORLANDO FL 32801~~ US	P.O. BOX 1046 WINTER PARK FL 32790 US

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
807 S. Orlando Ave. ~~Suite G~~	
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32789 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/26/1982

5. FEI Number: 59-2216709 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	HUCKEBA, JAMES C	~~496 SOUTH DELANEY AVENUE, STE 4~~ 807 S. Orlando Ave. Suite C Winter Pa	~~ORLANDO FL 32801~~ Winter Park, FL 32789 800002352038--2 -11/19/97--01082--017 ****750.00 ****750.00

JB 11-17-97

8. Name and Address of Current Registered Agent

HUCKEBA, JAMES C
~~496 SOUTH DELANEY AVENUE~~
~~SUITE 406 "A"~~
~~ORLANDO FL 32801~~

9. Name and Address of New Registered Agent

Name: Huckeba, James C.
Street Address (P.O. Box Number is Not Acceptable): 807 S. Orlando Avenue
Suite, Apt. #, Etc.: Suite C
City: Winter Park State: FL Zip Code: 32789

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 _____ REGISTERED AGENT MUST SIGN Date 11/11/97

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: _____ 11/11/97 407-741-9136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)