

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08193

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 17 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H32416**

1. Corporation Name

Renclave Corporation
301 Clematis St. Suite 3000
West Palm Beach, FL 33401

2. Principal Office Address

301 Clematis Street

Suite, Apt. #, etc.

3000

City & State

WPB FL

Zip

33401

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2490969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Ralf Gschwend

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

301 Clematis St.

Suite, Apt. #, Etc.

Suite 3000

City

West Palm Beach

200003230152-3

05/01/00-01003-024

*****150.00 ***150.00**

200003230152-3

05/01/00-01003-025

State *150.00 ***150.00**

FL 33401

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

4/14/00

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
Pres.	Ralf Gschwend	301 Clematis St, Suite 3000	WPB, FL 33401

10. 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:

[Signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/00

Daytime Phone #

CR2E081 (9/99)

pg 2 of 2

**Renclave Corporation
301 Clematis Street, Suite 3000
West Palm Beach, FL 33401
561-655-2745**

April 13, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

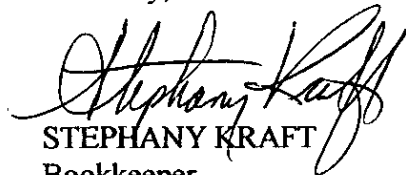
RE: FEI# 59-2490969

Dear Sir/Madam:

Enclosed are two (2) checks in the amount of \$150.00 for the 1999 and 2000 annual registration fees for Renclave Corporation. We did not receive our 1999 annual report form due to a mailing problem. Your staff indicated that we could fill out the forms and forward the payment; the reinstatement fee would be waived.

Thank you for your prompt attention to this matter.

Sincerely,


STEPHANY KRAFT
Bookkeeper