PLEASE READ	ALL INSTRUCTIONS B	SEFORE COMPLETING THIS FORM
APPLICATION FOR	Sandra B. Morth	AND FILED
REINSTATEMENT	Secretary of Sta DIVISION OF CORPORAT	
DOCUMENT # K056		SECRETARY OF STATE
Renaissance Ma	ister Buildons i	100
Principal Place of Business	Mailing Address	
1211 Poinsettia Ave Lehish Acres Fl. 33936		DE PARCE SE A SECURIO DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL LA CONTRA DE LA CONTRA DEL LA CONTRA
If above addresses are incorrect in any way, line thro		REINSTATEMENT 95-97
2. New Principal Office Address, If Applicable	New Mailing Office Address, If App	plicable 4. Date Incorporated or Qualified To Do Business in Florida 2.06.87
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	5. FEI Number Applied For
Lehish Acres, Fl.	Zip Country	6. S8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/		CERTIFICATE OF STATUS DESIRED
Title(s) Name of Officers and/or Directors	Street Office	Address of Each r and/or Director Post Office Box Numbers) 4 City / State / Zip
A Jan a Falus	1211 Poins.	Mic Aus Acres. Fl. 33936
B Jayre Edwo Done Edwo	01 11	770, -9. 1 1, 30 736
0 Ogne Edwa	rds	300022609231 -08/07/9701094005 ***1080.00 ***1080.00
		100/2
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
Jayne Edwards Street Address (P.O. Box Number is Not Acceptable)		
1211 Poinsettia HVe 1211 Poinsottis ALO		
Jayne Edwards 1211 Poinse Tia AVe Leh is 2 Acros, Fl 33936 Name Dane Edwards Street Address (P.O. Box Number is Not Acceptable) 1211 Poinso Tris Auc Suite, Apt. #, Etc. Site Zip Code		
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 _ } and Cr (GISTERED AGENT MUST SIGN	Date 7-27-57
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No 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 filling 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: Day OF COMPANIED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dayling Phone 8		