

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 NOV 24 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD2000000 388

1. Limited Liability Company's Name

Renaissance Lending, LLC

2. Principal Office Address

4012 Gunn Highway
Suite, Apt. #, etc. Suite 165
City & State TAMPA, FL
Zip 33618-8799 Country USA

3. Mailing Office Address

4012 Gunn Highway
Suite, Apt. #, etc. Suite 165
City & State TAMPA, FL
Zip 33618-8799 Country USA

REINSTATEMENT UBB

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

1/7/2002

6. FEI Number

26-0013773

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Edward Attallah

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

5103 RUE VENDOME

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33558

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

Date

11-18-03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PATRICIA Attallah	4012 Gunn Highway STE 165	TAMPA, FL 33618-8799
MGRM	Edward Attallah	4012 Gunn Highway STE 165	TAMPA, FL 33618-8799

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature]

Date 11-17-03

Daytime Phone #

813-265-2501

Typed or printed name of signing Managing Member/Manager

PATRICIA Attallah

CR2E041 (10/02)