

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003450

1. Corporation Name

RENASCEER FOUNDATION, INC.

Principal Place of Business

3617 NE 168 STREET
NORTH MIAMI FL 33160

Mailing Address

3617 NE 168 STREET
NORTH MIAMI FL 33160

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02



200008636782

10/28/02--01120--012 **236.25

4. Date Incorporated or Organized
Toll-Free Number 1-800-352-7777
05/26/2000 25

5. FEI Number

65-1011436

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 3	City / State / Zip 4
DP	FILHO, ESTEVAM H	12582 TORBAY DR.	BOCA RATON FL 33428
DV	HERNANDES, FELIPPE DANIEL	12582 TORBAY DR.	BOCA RATON FL 33428
DV	HERNANDES, SONIA HADDAD M	12582 TORBAY DR.	BOCA RATON FL 33428
DST	GARCIA, MARCO ANTONIO	3617 NE 168 STREET	NORTH MIAMI FL 33160
D	ALMEIDA VALE, ANGELITA DE	6433 NW 106 TERRACE	PARKLAND FL 33076
D	AYRES ABBUD, ANTONIO CARLOS	RUE GOMES DE CARVALHO	SAO PAULO, BRAZIL FL 33308

8. Name and Address of Current Registered Agent

ALMEIDA VALE, ANGELITA DE
3617 NE 168 STREET
NORTH MIAMI FL 33160

9. Name and Address of New Registered Agent

Name

ANGELITA DE ALMEIDA VALE

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

1205 Hillsboro Mile

Suite, Apt. #, Etc.

ap. 304

City

Hillsboro Beach

State

FL

Zip Code

33062

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. or 617.0505, F.S.

Signature of
Registered Agent

Angelita de Almeida Vale
REGISTERED AGENT MUST SIGN

Date

10.23.02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.23.02 (305) 944 6474

Date

Daytime Phone #

CR2E040 (8/02)