

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 28 AM 9:53

SP-2009-001  
ALBANY, N.Y. 12208

DOCUMENT # NO 100000 3146

1. Corporation Name

Project Renewal Inc.

2. Principal Office Address - No P.O. Box #

3449 NW 19<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Office Address

3449 NW 19<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Lauderdale Lakes FL

City & State

Lauderdale Lakes FL

Zip

33311

Country

US

Zip

33311

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 4, 2001

5. FEI Number

721553806

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Martin Rubin

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

3449 NW 19<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33311

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Martin Rubin

Date Sept. 23, 2009

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
POD	Martin Rubin	3449 NW 19 <sup>th</sup> Street	Lauderdale Lakes FL 33311
V/POD	Tyrone Goshine	3449 NW 19 <sup>th</sup> Street	Lauderdale Lakes FL 33311
SID	Brenda Maoriello	3449 NW 19 <sup>th</sup> Street	Lauderdale Lakes FL 33311

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 contained in Chapter 119, 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:

Martin Rubin Martin Rubin Pres. 9/23/09 (954) 376-9631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

512922