

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N40852

FILED
Sep 30, 2009
Secretary of State

Entity Name: THE RENEW GROUP INCORPORATED

Current Principal Place of Business:

900 COCOANUT AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

900 COCOANUT AVENUE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0247528 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MURRAY, WALLACE
900 COCOANUT AVENUE
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALLACE MURRAY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAY, WALLACE
Address: 5945 RAVENWOOD DR,
City-St-Zip: SARASOTA, FL 34243

Title: V () Delete
Name: MOORE, GLORIDA
Address: 94 KANDACE
City-St-Zip: THOMASVILLE, GA 31757

Title: ST () Delete
Name: HOLLAND, MICHELE
Address: 900 COCOANUT AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: ZUOKEMEFA, PERE
Address: 3909 RESERVE DR., #2111
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CODY, WAYNE
Address: 927 FOX VALLEY COURT
City-St-Zip: STONE MOUNTAIN, GA 30088

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE MURRAY

PD

09/30/2009

Electronic Signature of Signing Officer or Director

Date