

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

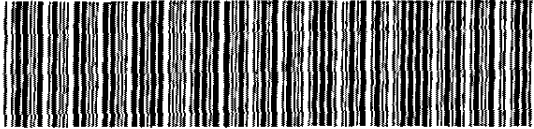
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

3-1544

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
94 MAR -9 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # N45405
Renaissance Village, Inc.
9995 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410

2. If Address in Block 1 is in Florida, enter the address below:
Address
100 Crestwood Boulevard South
City and State
Royal Palm Beach, FL 33411
3. If Principal Office Address is different from mailing address, enter address below:
Address
PALM BEACH GARDENS FL 33410

4. Date incorporated or Qualified To do Business in Florida 9/30/1991

5. FEIN Number 65-0298299

FEI Number Applied For
FEI Number Not Applicable

\$8.75 Additional Fee required for a Certificate of Status, CERTIFICATE OF STATUS

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
DP	ARMBRUST, REV LEO F.	4001-N-SHORE-DR 100 Crestwood Boulevard	WEST PALM BEACH FL Royal Palm Beach FL
DST	BEVACQUA, CHARLES V.	9995 N MILITARY TRAIL	PALM BEACH GARDENS
DV	FLEMING, JOSEPH M.	440 ROYAL PALM WAY	PALM BEACH FL
DST	MATHIS, JOHN H.	910 BRIARWOOD DRIVE	HAVERHILL, FL 33417

REINSTATEMENT

9394 CD

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK
110 MERRICK WAY, STE 2C
CORAL GABLES FL 33134

Name
FHS Corporate Services, Inc.
Street Address (Do NOT Use P.O. Box Number)
11780 U. S. Highway #1, Suite 300
Street Address (Do NOT Use F.O. Box Number)
City North Palm Beach State FL 33408

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.02, F.S.

Signature of Registered Agent *Chris A. Tai* as Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 1/19/94

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

13. I certify that I am an officer or director of the receiver or trustee empowered to accept this application as provided by chapter 607, F.S. I understand the consequences of this reinstatement and that the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.02, F.S., and the fees owed to the corporation have been paid. This corporation is in good standing and my signature shall have the same effect as if made under oath.

Signature of Officer or Director *Rev. Leo F. Armbrust* Date 1/25/94
Typed or printed name of signing officer or director REV. LEO F. ARMBRUST, PRESIDENT

Daytime Phone (407) 798-5661