PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY -4 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000001675**

1. Corporation Name

RENAISSANCE FOUNDATION, INC.

Principal Place of Business
2655 LEJEUNE RD
PH-II
CORAL GABLES FL 33134

Mailing Address
2655 LEJEUNE RD
PH-II
CORAL GABLES FL 33134

REINSTATEMENT

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

2. New Principal Office Address If Applicable: ~~2d Floor~~ 3112 M St, NW
Suite, Apt. #, etc.: ~~3112 M~~ 2d Floor
City & State: Washington, DC
Zip: 20007 Country: USA

3. New Mailing Office Address, If Applicable: 3112 M St., NW
Suite, Apt. #, etc.: 2d Floor
City & State: Washington, DC
Zip: 20007 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/04/1995

5. FEI Number: 65-0584286 — 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)

1 Title(s)	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
CPD	MAILLARD, EUGENE	560 "N" ST SW	WASHINGTON DC 20024
VTD	VOIGHT, GARY	324 W MARKET ST	LEESBURG VA ~~22075~~ 20176
SD	VOIGHT, CAROL	324 W MARKET ST	LEESBURG VA ~~22075~~ 20176

000002885108--9
-05/25/99--01029--002
****420.00 ****420.00

8. Name and Address of Current Registered Agent

JOHN O. SUTTON, P.A.
2655 LEJEUNE RD
PH-II
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: LINDA R. MEDNICK
Street Address (P.O. Box Number is Not Acceptable): 6838 Blue Bay Circle
Suite, Apt. #, Etc
City: Lake Worth State: FL Zip Code: 33467

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.

Signature of Registered Agent: Linda R. Mednick — REGISTERED AGENT MUST SIGN — Date: 4/29/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Gary L. Voight — 4/13/99 — 202-342-2384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gary L. Voight

CR2E040 (7/96)