

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1 582

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAR -2 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005812

1. Corporation Name  
Renaissance Healthcare and Social Reform  
IMC.

**REINSTATEMENT** 99-05  
TR

2. Principal Office Address

3204 Hastie Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32305

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

51-0535781

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Anita Olivia Abrams

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

3204 Hastie Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

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

Anita O. Abrams

REGISTERED AGENT MUST SIGN

Date

Mar 2 2005

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
P	Lorenzo Watkins	1280 S Adams ST Tall, FL	Tallahassee, FL 32310
VP	Kemba Kaza	7214 Turner ST 32310	Tall, FL 32311
VP	Tracy White	1922 Celtic Rd	Tallahassee, FL 32317
VP	DR. James Brown	1170 Buford ST	Tallahassee, FL 32308
CM	Minepha Carter	843 W Brevard ST	Tallahassee, FL 32304
VP	Adwenne Webster	1501 E Park AVE	Tallahassee, FL 32301

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Mar 05

Date

850-528-2368

Daytime Phone #

CR2E081 (01/05)

# HOPE INITIATIVE

1501 East Park Avenue • Tallahassee, FL 32301



TO WHOM IT MAY CONCERN: I Tracy Whited, CO Founder  
of Renaissance Healthcare and Social Reform Inc, am  
requesting Pardon of penalties and fines due to not  
filing our Annual Report. I certify that all members  
of the prior incorporation have relocated or moved  
addresses, and we there by did not receive notification  
(94-05) of its due and this compounded by massive  
reorganization, please excuse and/or Pardon us  
for this over 28 yr we most graciously plea.

Sincerely

TRACY WHITED CEO