

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 25 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98 000005812**

1. Corporation Name

REnaissance Healthcare + Social Reform, INC.

900133480669
07/28/08--01001--018 **586,25

CR2E081 (12/07)

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

3204 Hester Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32305

Country

US

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 ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRIST WALKER / NAAMNA WHITED

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

3110 PASCO ST / 3204 HESTER RD

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

☒ 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

Date **7/24/08**

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
Secy/Treas	ANSELKA STERLINGS	3676 HARTSFIELD RD	Tallahassee, FL 32318
Pres	LORENZO WATKINS	3111 MAHAM DR SUITE 20	Tallahassee, FL 32308
VP	NAAMNA WHITED	3204 HESTER RD	Tallahassee, FL 32305
VP	DR. CAMADY	313 MARIELLA ST	Atlanta GA 30234

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08 (850) 879-1606
Date Daytime Phone #

7/26/08