

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000075928

1. Corporation Name

RENAISSANT PAINT CORP.

2. Principal Office Address

6320 NW 114 Ave

Suite, Apt. #, etc.

Apt 1227

City & State

Miami FL

Zip

33178

Country

3. Mailing Office Address

6320 NW 114 Ave

Suite, Apt. #, etc.

Apt 1227

City & State

Miami, FL

Zip

33178

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

651030556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

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

Name

IVONNE E. LOPEZ

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

6320 NW 114 Ave

Suite, Apt. #, Etc.

Apt # 1227

City

Miami

State

FL

Zip Code

33178

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/27/03

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
D	IVONNE E. LOPEZ	6320 NW 114 Ave Apt 1227	Miami FL 33178

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

Date

10/27/03

Daytime Phone #

Florida Department of State  
Division of Corporation

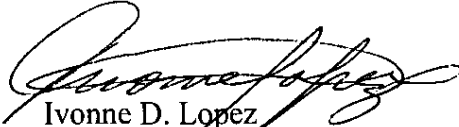
Re: Renaissant Paint Crop.  
Document No: P00000075928

Dear Sirs:

I would to explain to you the reason for not filing my annual report and not paying the corresponding fee. I moved several months ago and all my correspondence is being forwarded to my new address, for some reason I never received the annual report renewal.

Recently I realized the situation and diligently I contact your department and they instructed me to send you a letter and explain to you the situation. I am sending you the Corporation Reinstatement with the renewal fee. Please accept my request to waive the late fee do to the circumstances.

I appreciate your consideration and if you need to contact me please do so.

A handwritten signature in black ink, appearing to read 'Ivonne D. Lopez', written over the printed name.

Ivonne D. Lopez  
Director and Registered agent