

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 28 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000083815**

1. Corporation Name

**RENAISSANCE RECOVERY CENTER,
INC.**

2. Principal Office Address

3175 S. CONGRESS AVE

Suite, Apt. #, etc.

310

City & State

PALM SPRINGS, FL

Zip

33461

Country

USA

3. Mailing Office Address

3175 S. CONGRESS AVE

Suite, Apt. #, etc.

310

City & State

PALM SPRINGS, FL

Zip

33461

Country

USA

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/24/01

5. FEI Number

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

HERBERT F. STORCH

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

120 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.

F

City

PLANTATION

State

FL

Zip Code

33324

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

Herbert F. Storch

Date

10-21-02

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
D/P	SHEILA WENCK	3175 S. CONGRESS AVE PALM SPRINGS, FL 33461	PALM SPRINGS, FL, 33461
S/T	KENNETH LIEBERMAN	9690 W. SAMPLE ROAD #202	CORAL SPRINGS, FL 33065

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:

X Sheila Wenck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

(561) 968-3200

Daytime Phone #

SHEILA D. WENCK

11/14/02