

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000100028

1. Corporation Name

RENEE REALTY, INC.

FILED

02 NOV -7 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

On

Principal Place of Business

4 GRAEMOOR TERRACE
PALM BEACH GARDENS FL 33418

Mailing Address

4 GRAEMOOR TERRACE
PALM BEACH GARDENS FL 33418

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

5. FEI Number

65-1144888

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

2

3

4

P.

TORREY JENKINS

4 GRAEMOOR TERRACE
PALM BEACH GARDENS, FL.
33418

700008865587

11/07/02--01037--022 **750.00

AR 11/14

8. Name and Address of Current Registered Agent

RYAN, JAMES D
11891 US HWY ONE, SUITE 201
N PALM BEACH FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

TORREY JENKINS

4 GRAEMOOR TERRACE

PALM BEACH GARDENS FL

33418

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. or 617.0505, F.S.

Signature of
Registered Agent

TORREY JENKINS

REGISTERED AGENT MUST SIGN

Date

11-04-02

11. 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:

TORREY JENKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-04-02

(56) 951-550

CR2E040 (8/02)