

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000121099

1. Corporation Name

Renaissance Empire Development Corporation

2. Principal Office Address

537 NE 194th Lane P.O. Box 5781

Suite, Apt. #, etc.

3. Mailing Office Address

537 NE 194th Lane P.O. Box 5781

Suite, Apt. #, etc.

City & State

N. MIAMI Beach

City & State

HOLLYWOOD, FL

Zip

33179 Dade

Country

Zip

33083 BROWARD

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/01

5. FEI Number

800025618

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

Glennford B. Malcolm JR.

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

537 NE 194th Lane

Suite, Apt. #, Etc.

City

N. MIAMI Beach, FL

State
FL

Zip Code

33179

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

4/16/04

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
President	Glennford Malcolm JR.	537 NE 194th Lane	N. MIAMI Bch., FL 33179
Vice President		N. MIAMI Beach, FL 33179	
Treasurer			

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

4/16/04

Daytime Phone #

305-654-1048

CR2E081 (01/04)

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Renaissance Empire Development Corporation
537 N.E. 199th Lane
N. Miami Beach, FL 33319
305-654-1048: Phone
305-675-8007: Fax

April 16, 2004

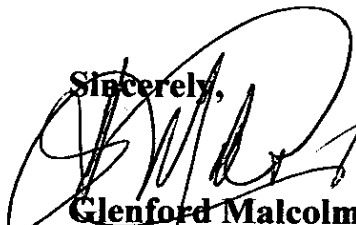
Dear Reinstatement Department Officials:

I am requesting the reinstatement fee to be waived due to my address change in the year 2003. Therefore, I did not receive the renewal postcard in the mail. In addition, I spoke to the reinstatement department on Friday, April 16, 9:30am and I was notified that the postcard was returned to the department.

Please I am requesting to have this completed expeditiously due to a contract deadline on April 30, 2004. I have enclosed the \$310.00 for the reinstatement for the year 2003 and 2004.

Thank you for your time and attention for this matter.

Sincerely,



Glenford Malcolm Jr.
President