

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

04 APR 13 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000049504

1. Corporation Name

RENOVATION UNLIMITED SERVICES, INC

2. Principal Office Address

14005 ABACO ISLE DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

USA

3. Mailing Office Address

14005 ABACO ISLE DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

DANIEL APONTE

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

14005 ABACO ISLE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

Daniel Aponte
REGISTERED AGENT MUST SIGN

Date

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
P	DANIEL APONTE	14005 ABACO ISLE DR	ORLANDO, FL 32824
V	NORMA APONTE	14005 ABACO ISLE DR	ORLANDO, FL 32824
			400032619514 04/13/04--01061--025 **150.00
			400032619514 04/13/04--01061--024 **750.00

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:

Daniel Aponte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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