

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 21 PM 4:11

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 1 P03000049884

1. Corporation Name

RENE ROSE CORPORATION

100103904571  
06/05/07--01027--018 \*\*150.00

CR2E081 (8/05)

2. Principal Office Address		3. Mailing Office Address	
717 N. GLENWOOD AVE.		1900 N. HIGHLAND AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
CLEARWATER FL		CLEARWATER FL	
Zip	Country	Zip	Country
33755	PINELLAS	33755	PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida

01/01/03

5. FEI Number

51-04633736

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

ROSALINA C. MATÉ

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

717 N. GLENWOOD AVENUE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

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]*

Date

5/4/07

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	ROSALINA C. MATÉ	717 N. GLENWOOD AVE.	CLEARWATER
	<i>[Signature]</i>		FL 33755

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:

ROSALINA C. MATÉ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/07

Date

727-4434979

Daytime Phone #