


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000130032</b> 1. Entity Name <b>RENAISSANCE PROFESSIONAL CONSTRUCTIONS CORP.</b>	
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FILED

06 DEC 12 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT-05-06**



Principal Place of Business <b>14591 CORAL WAY MIAMI, FL 33175</b>		Mailing Address <b>14591 CORAL WAY MIAMI, FL 33175</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12112008 REIN-P CR2E098 (11/05)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

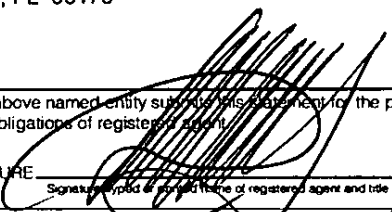
**6. Name and Address of Current Registered Agent**

**BIMMELIS, DORYS**  
14591 CORAL WAY  
MIAMI, FL 33175

**7. Name and Address of New Registered Agent**

Name: **DORYS Binimelis**  
 Street Address (P.O. Box Number is Not Acceptable): **14591 CORAL WAY**  
 City: **miami** FL Zip Code: **33175**

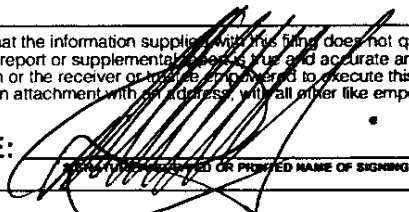
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINIMELIS, DORYS</b>	NAME	<b>300082634253</b>
STREET ADDRESS	<b>14591 CORAL WAY</b>	STREET ADDRESS	<b>12/19/06--01018--006 **150.00</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIGUEREDO, SARA</b>	NAME	
STREET ADDRESS	<b>14591 CORAL WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>JOSE A. OLYMO</b>
STREET ADDRESS		STREET ADDRESS	<b>14591 CORAL WAY</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>miami, FL 33175</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **Dec-11-06** DAYTIME PHONE: \_\_\_\_\_