

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 AM 9:36

DOCUMENT # P05000150529

1. Corporation Name

Renaissance Supportive Services Inc

200162701402
11/10/09--01033--006 **\$00.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 10213 Rising Mist Lane		3. Mailing Office Address 10213 Rising Mist Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville Florida		City & State Jacksonville Florida	
Zip 32221	Country	Zip 32221	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-3785876 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
Harrison, Latrese C

Street Address (P.O. Box Number is Not Acceptable)
10213 Rising Mist Lane

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32221

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent Latrese C Harrison

Date 11/9/09

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
P	Latrese C Harrison	10213 Rising Mist Lane	Jax FL 32221

REINSTATEMENT 06-09

B 11/13/09

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 contained in Chapter 119, 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: Latrese C Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/9/09

Daytime Phone # (904) 674-4800