

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000159391	
1. Entity Name RENAT INC	



FILED

07 JAN -8 PM 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1850 SW 8 ST STE 228E MIAMI, FL 33130	Mailing Address 1850 SW 8 ST STE 228E MIAMI, FL 33130
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2. Principal Place of Business 14385 SW 45 TERRACE Suite, Apt. #, etc.	3. Mailing Address PO BOX 350516 Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33175	Country DADE	Zip 33135	Country DADE
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6. Name and Address of Current Registered Agent RODRIGUEZ, CARLOS 9555 SW 24ST G102 MIAMI, FL 33165	
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7. Name and Address of New Registered Agent Name: CARLOS RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable): 14385 SW 45 TERRACE City: MIAMI FL Zip Code: 33175	
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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: CARLOS RODRIGUEZ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	PO RODRIGUEZ, CARLOS 1850 SW 8 ST STE 228E MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report 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: CARLOS RODRIGUEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01/05/07 Date	Daytime Phone #
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