

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000058351

1. Entity Name
RENAND'S AUTO WORLD, INC.



Principal Place of Business
4818 OLD WINTER GARDEN RD
ORLANDO, FL 32811

Mailing Address
4818 OLD WINTER GARDEN RD
ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 02112009 1098 (1/07) 08-09

4. FEI Number
20-4767806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYRTIL, RENAND
1325 W WASHINGTON ST STE B7
ORLANDO, FL 32805

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME MYRTIL, RENAND
STREET ADDRESS 1325 W WASHINGTON ST STE B7
CITY-ST-ZIP ORLANDO, FL 32805 ☒ Delete

TITLE OP Renand myrtil
NAME 4818 - Old - winter - garden - Rd
STREET ADDRESS ORLANDO - FL 32811
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DO
NAME SILFIN, MAGALIE
STREET ADDRESS 429 HEMLOCK ST
CITY-ST-ZIP ALTAMONTE SPRING, FL 32714 ☐ Delete

TITLE DO Magalie - Silfin
NAME 399 morning creek ct
STREET ADDRESS APOPKA FL 32712
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DO
NAME MYRTILL, JOSUE
STREET ADDRESS 11925 NE 2ND AVE
CITY-ST-ZIP N MIAMI, FL 33161 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4 2009 4077044361
Date Daytime Phone #