

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P10000098495**

1. Corporation Name

Refined Renovations, Inc.

2. Principal Office Address - No P.O. Box #

39742 Cardina Ave

Suite, Apt. #, etc.

3. Mailing Office Address

39742 Carolina Ave

Suite, Apt. #, etc.

City & State

Lady Lake, FL

Zip

32159

Country

U.S.A.

City & State

Lady Lake, FL

Zip

32159

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Richard L Brooks Jr

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

39742 Carolina Ave

Suite, Apt. #, Etc.

City

Lady Lake

State

FL

Zip Code

32159

4. Date Incorporated or Qualified
To Do Business in Florida

12-6-10

5. FEI Number

38-3826605

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 1112

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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

Richard L Brooks Jr

REGISTERED AGENT MUST SIGN

Date **3-6-12**

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
Pres	Richard L Brooks Jr	39742 Carolina Ave	Lady Lake, FL 32159
V-Pres	Stacey A. Brooks	39742 Carolina Ave	Lady Lake, FL 32159
Sec			

Rel. Fee waived due to clerical error 3/26

10. E-mail Address: **rsj1e.brooks6@aol.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Richard L Brooks Jr**

3-6-12

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-350-2488