

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

01 JUL -6 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P25198

## 1. Corporation Name

THE RENFREW CENTERS, INC.

## 2. Principal Office Address

209 ROBERTS ROAD

## 3. Mailing Office Address

475 SPRING LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

ARDMORE, PA

City &amp; State

PHILADELPHIA, PA

Zip

19003

Country

MONTGOMERY

Zip

19128

Country

PHILADELPHIA

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 19, 1988

## 5. FEI Number

23-2517228

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-01

## 7. Name and Address of Current Registered Agent

Name

SAMUEL E. MENAGED

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

7700 RENFREW LANE

Suite, Apt. #, Etc.

City

COCONUT CREEK

000004474620-4

-07/13/01-01063-003

\*\*\*\*\$900.00 \*\*\*\*\$900.00

000004474620-4

State FL Zip Code 01-01063-003

FL \*\*\*\$30788.75 \*\*\*\*\$8.75

## 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

REGISTERED AGENT MUST SIGN

Date 7/3/01

## 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-D	SAMUEL E. MENAGED	209 ROBERTS RD.	ARDMORE, PA 19003
S-D	SIDNEY ZILBER	475 SPRING LANE	PHILADELPHIA, PA 19128
D	DAVID DIBO	475 SPRING LANE	PHILADELPHIA, PA 19128
D	JAMES FOSDICK	475 SPRING LANE	PHILADELPHIA, PA 19128
D	JUDY BORIE	475 SPRING LANE	PHILADELPHIA, PA 19128

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES LoCOCO, CFO

Date

7/3/01

Daytime Phone #

(215) 482-5353