

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **P93000043244**

1. Corporation Name
RENNER & BURGESS, INC.

100003480431--9
 -11/30/00--01007--018
 *****750.00 *****750.00



Principal Place of Business	Mailing Address
1 S.E. 4TH AVENUE, SUITE 205 DELRAY BEACH FL 33483 US	1 S.E. 4TH AVENUE, SUITE 205 DELRAY BEACH FL 33483 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *02*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/17/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0417614	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	RENNER TERESA,	210 WESTOVER RD	KANSAS CITY MO 33483
DV	BURGESS, HARRY	2302 NE 15TH COURT	JENSEN BCH FL 34903
D	WILLIAMS, ELAINE	153 S.E. 26TH AVENUE	BOYNTON BEACH FL 33435
DP	RENNER TERESA	6001 MORNING SIDE	KANSAS CITY Mo. 64113
DV,	BURGESS HARRY	1380 NE 23 RD TERRACE	JENSEN BEACH FL. 34957

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RENNER, TERI 1 SE FOURTH AVENUE SUITE 205 DELRAY BEACH FL 33483		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11-6-00
 REGISTERED AGENT MUST SIGN

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., 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]* **HARRY BURGESS** Date 10-16-00 Daytime Phone # 561-243-4624
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)