

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P94000002481**

1. Entity Name  
**RENAISSANCE MARKETING GROUP, INC.**



FILED

05 APR 14 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**14609 SW 35TH TERRACE ROAD  
OCALA, FL 34473**

Mailing Address  
**PO BOX 11010  
OCALA, FL 34473 U.S.**

2. Principal Place of Business  
**6225 S.E. COUNTY RD 42**

3. Mailing Address  
**P.O. BOX 1599**

Suite, Apt. #, etc.

City & State  
**SUMMERFIELD, FL**

City & State  
**SUMMERFIELD, FL**

Zip  
**34491**

Country

Zip  
**34492-1599**

Country



03312005 REIN-P CR2E098 (6/05) **04-08**

4. FEI Number  
**59-3223189**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARTNETT, DEAN T.**  
**14609 SW 35TH TERRACE ROAD**  
**OCALA, FL 34473**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6225 S.E. COUNTY RD 42**

City **SUMMERFIELD** FL Zip Code **34491**

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 **DEAN T. HARTNETT**  
**PRESIDENT**

DATE **4-09-05**

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARTNETT, DEAN T</b> <b>14609 SW 35TH TERRACE ROAD</b> <b>OCALA, FL 34473</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800052075298</b> <b>04/26/05--01017--008 **300.00</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DEAN T. HARTNETT, PRES.** **4-09-05**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #