

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 20 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042310**

1. Corporation Name

**RENAISSANCE DOORS, INC.**

Principal Place of Business

Mailing Address

320 PLAZA REAL  
SUITE 215  
BOCA RATON FL 33432

21346 ST. ANDREWS BLVD.  
SUITE 122  
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/1994

5. FEI Number

65-0525875

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<del>PYST</del>	<del>FRASS, G. RICHARD</del>	<del>21346 SAN ANDREWS BLVD #122</del>	<del>BOCA RATON FL 33433</del>
PYST	Prass V. Arthur	21346 St. Andrews Blvd #122	Boca Raton 33433

300002011728-1  
-11/22/96--01002--022  
\*\*\*\*375.00 \*\*\*\*375.00

JB/1-21-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRASS, ART.  
320 PLAZA REAL  
SUITE 215  
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/13/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/96

531 338 5415

Date

Daytime Phone #