

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT #</b> <b>P94000042310</b>		
1. Corporation Name <b>RENAISSANCE DOORS, INC.</b>		
<b>Principal Place of Business</b>		<b>Mailing Address</b>
<b>320 PLAZA REAL</b> <b>SUITE 100</b>		<b>21346 ST. ANDREWS BLVD.</b> <b>SUITE 100</b>

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## **REINSTATEMENT**

SUITE 215 BOCA RATON FL 33432		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
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	PRAISS, G. RICHARD	21346 SAN ANDREAS BLVD #122	BOCA RATON FL 33486
PVST	Praiss V. Arthur	21346 St. Andrews Blvd #122	Boca Raton 33486
		800002011728	11/22/96-01002--022
			****375.00 ****375.00
			DR/1-21-90

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>PRAISS, ART</b> <b>320 PLAZA REAL</b> <b>SUITE 215</b> <b>BOCA RATON FL 33433</b>		<b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>Suite, Apt. #, Etc.</b>  <b>City</b> <b>State</b> <b>Zip Code</b> <b>FL</b>	

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

ter agent of the above-named corporation, am familiar with and accept the  
**ALL SIGNATURES REQUIRED**  
REGISTERED AGENT MUST SIGN

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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)(l), 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 OR STAMPED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

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**Daytime Phone #**