

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 4:00

DOCUMENT # **P94000075473**

1. Corporation Name

Reno Beach, Inc.

2. Principal Office Address

1106 4th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

1106 4th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1994

5. FEI Number

593292394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jon LaBodde

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

1106 4th Street North

Suite, Apt. #, Etc.

City

St. Petersburg, FL

State

FL

Zip Code

33701

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

Date

2/7/02

REGISTERED AGENT MUST SIGN

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/T/S/V	Jon LaBodde	1106 4th Street North	St. Petersburg, FL 33701

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

2/7/02

Date

727-896-7873

Daytime Phone #