

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


09 DEC -1 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200162490292

11/04/09--01024--014 \*\*450.00  
CR2E081 (12/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95 0000 48142**

1. Corporation Name  
**PRIDE RENOVATIONS INC**

2. Principal Office Address - No P.O. Box # <b>630 NE 37TH STREET</b>		3. Mailing Office Address <b>630 NE 37TH STREET</b>	
Suite, Apt. #, etc. <b>SUITE 2</b>		Suite, Apt. #, etc. <b>SUITE 2</b>	
City & State <b>OAKLAND PARK</b>		City & State <b>OAKLAND PARK</b>	
Zip <b>FLORIDA</b>	Country <b>33334</b>	Zip <b>FLORIDA</b>	Country <b>33334</b>

4. Date Incorporated or Qualified To Do Business in Florida: **06/19/1995**

5. FEI Number: **65-0587498**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Applied For  Not Applicable

7. Name and Address of Current Registered Agent

Name  
**JIMMY DONLEY**

Street Address (P.O. Box Number is Not Acceptable)  
**630 NE 37TH STREET**

Suite, Apt. #, Etc.  
**SUITE 2**


City  
**OAKLAND PARK**

State  
**FL**

Zip Code  
**33334**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: **10/29/09**

REGISTERED AGENT MUST SIGN

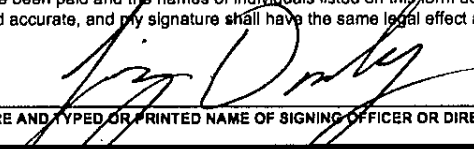
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	JIMMY DONLEY	630 NE 37TH STREET	OAKLAND PARK, FL 33334

**REINSTATEMENT 07-09**

**MR. MULLIGAN DEC 01 2009**

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 contained in Chapter 119, 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

Date: **10/29/09** Daytime Phone #: **754-214-4122**