

1052


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 25 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
CR2E081 (12/07) 06-08

|                              |   |  |
|------------------------------|---|--|
| CORPORATION<br>REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE                    |
|                              |   | Secretary of State<br>DIVISION OF CORPORATIONS |

DOCUMENT # P95 000 057877

1. Corporation Name  
RENAISSANCE IMPORTS, INC.  
485 5TH AVE SOUTH  
NAPLES, FL 34102

|  |                |                                   |         |
|--|----------------|-----------------------------------|---------|
| 2. Principal Office Address - No P.O. Box #<br>485 5TH AVE SOUTH |                | 3. Mailing Office Address<br>SAME |         |
| Suite, Apt. #, etc.  |                | Suite, Apt. #, etc.               |         |
| City & State<br>NAPLES, FL                                       |                | City & State                      |         |
| Zip<br>34102   | Country<br>USA | Zip                               | Country |

|  |                              |   |
|--|------------------------------|---|
| 4. Date Incorporated or Qualified To Do Business in Florida<br>7/24/95   | 5. FEI Number<br>105 0596707 | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status |                              |   |

|   |             |                   |  |
|---|-------------|-------------------|--|
| 7. Name and Address of Current Registered Agent                         |             |                   |  |
| Name<br>LINDA M. DAVIS  |             |                   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>485 5TH AVE SOUTH |             |                   |  |
| Suite, Apt. #, Etc.   |             |                   |  |
| City<br>NAPLES, FL  | State<br>FL | Zip Code<br>34102 |  |

☐ 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 Linda M. Davis Date 2/20/08  
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 |
|--------|-----------------------------------|--|--------------------|
| PRES   | LINDA M. DAVIS                    | 485 5TH AVE SOUTH                              | NAPLES, FL 34102   |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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02/25/08--01053--015 \*\*450.00

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: Linda M. Davis Date 2/20/08 Daytime Phone # 1-239 435 0006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

Renaissance Imports, Inc.  
485 Fifth Ave South  
Naples, FL 34102

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

February 20, 2008

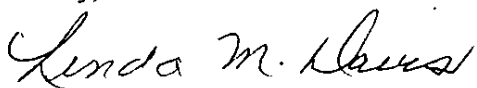
Dear Madam or Sir:

Enclosed please find a request for reinstatement for my corporation, Renaissance Imports, Inc. I did not realize that an annual report needed to be filed. I never received any notices, probably due to the fact that the wrong area code (33940) was listed for the registered agent. I am requesting that the \$600 reinstatement fee be waived since I did not receive any of the notices.

I have enclosed a check for \$450 to cover annual reports for 2006, 2007 and 2008.

Thank you for your assistance in this matter.

Sincerely,



Linda M. Davis, President