

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000078501**

1. Corporation Name

RENAN MANAGEMENT, INC.

Principal Place of Business

1710 S. MIAMI AVENUE
MIAMI FL 33129

Mailing Address

1710 S. MIAMI AVENUE
MIAMI FL 33129

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



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/09/1995

5. FEI Number

65-0617549

Applied For

Not Applicable

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

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	4 City / State / Zip
VTD	FERNANDEZ, JULIAN	1710 S. MIAMI AVENUE	MIAMI FL 33129
PSD	FERNANDEZ, MARIA L	1710 S. MIAMI AVENUE	MIAMI FL 33129

800008792648
11/04/02--01110--016 **750.00

8. Name and Address of Current Registered Agent

FERNANDEZ, JULIAN
1710 S. MIAMI AVENUE
MIAMI FL 33129

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/02

11. I certify that I am an officer or director of 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:

[Handwritten Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 305584640

CR2EC040 (8/02)