
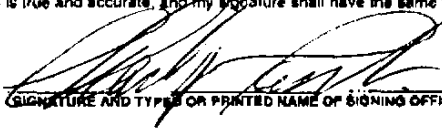


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CSC TALLAHASSEE

002/003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		93 JUL 27 AM 10:32 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000016910		1. Corporation Name			
THE RENAISSANCE CENTER GROUP, CORP.					
Principal Place of Business			Mailing Address		
801 Brickell Avenue Miami, FL 33131			Same		
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/22/96	
City & State		City & State		5. FEI Number	
Zip		Country		65-0643856	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
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		
DP	Charles Paquale	1386 Lands End Road	Pt. Manalapan, FL 33462		
ST	Joanne Pasquale	1386 Lands End Road	Pt. Manalapan, FL 33462		
			2000002948842--4		
			-03/03/99--01043--013		
			***300.00 ***300.00		
LS					
6. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
Charles Pasquale 1386 Lands End Road Pt. Manalapan, FL 33462			Name Miami Corporate Systems, Inc.		
			Street Address (P.O. Box Number is Not Acceptable) 5200 Blue Lagoon Drive		
			Suite, Apt. #, Etc. Suite 700		
			City Miami		State FL
			Zip Code 33126		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.					
Signature of Registered Agent		REGISTERED AGENT MUST SIGN		Date 7/27/99	
				AGS S. V.P.	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 118.07(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: 		7/26/99		305.992.5777	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	