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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 FEB -1 PM 4:08

CORPORATION REINSTATEMENT



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016910
1. Corporation Name
THE RENAISSANCE AIRPARK, CORP.

Handwritten initials

REINSTATEMENT 00-02

2. Principal Office Address 1386 Lands End Rd.		3. Mailing Office Address 701 Brickell Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3000	
City & State Pt. Manalapan, FL		City & State Miami, FL	
Zip 33462	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2-22-96	
5. FEI Number 65-0643856	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
INTRASTATE REGISTERED AGENT CORPORATION

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

Suite, Apt. #, Etc.
Suite 3000

City
Miami

State
FL

Zip Code
33131

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 *Steven H. Hagen*
INTRASTATE REGISTERED AGENT CORPORATION
Date **1-31-02**
REGISTERED AGENT MUST SIGN Vice President

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Pasquale, Charles	1386 Lands End Rd.	Pt. Manalapan, FL 33462
ST	Pasquale, Joanne	1386 Lands End Rd.	Pt. Manalapan, FL 33462

10. I certify that I am an officer or director of the receiver and am empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application, the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid in full and that the names of members listed on this form do not qualify for an exemption under section 118.07(2)(b), F.S. The information indicated on this application is true and correct and my signature shall have the same legal effect as if made under oath.

SIGNATURE *Charles Pasquale*
NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR
Date **1/31/02**
Office Phone # **561-538-5400**

CR2003 (REV1)

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

CORPORATION REINSTATEMENT

THE RENAISSANCE AIRPARK, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00