

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

REMOVED  
AND  
FILED

97 DEC -1 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034825

1. Corporation Name

RENOVATION CONSULTANTS OF AMERICA, INC.

Principal Place of Business  
321 SOUTHEAST 9TH COURT  
POMPANO BEACH FL 33060

Mailing Address  
321 SOUTHEAST 9TH COURT  
POMPANO BEACH FL 33060



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable

~~321 SOUTHEAST 9TH COURT~~  
Suite, Apt. #, etc. SUITE 155  
259-C COMMERCIAL BLVD  
City & State LAUDERDALE BY THE SEA FL  
Zip 33308 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/1996

5. FEI Number

65-0673549

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	KLEINHENZ, KIM D	321 SOUTHEAST 9TH COURT	POMPANO BEACH FL 33060

700002363737-7  
-12/04/97-01118-008  
\*\*\*\*750.00 \*\*\*\*750.00

11/2/3

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Kim Kleinhenz

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

321 SE 9TH

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33065

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.

Signature of  
Registered Agent

*Kim Kleinhenz*

REGISTERED AGENT MUST SIGN

Date

11-22-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(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 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.

Kim KLEINHENZ

SIGNATURE:

*Kim Kleinhenz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-97 776-6936

Date

Daytime Phone #

CRS E040 (8/97)