

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN - 8 PM 3: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000048741

1. Corporation Name

RENDA CORPORATION

Principal Place of Business

Mailing Address

9401 WEST COLONIAL DRIVE #240 OCOEE FL 34761

9401 WEST COLONIAL DRIVE #240 OCOEE FL 34761



REINSTATEMENT

JOO

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

06/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3387427

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, MATYO-CEPERO, JUDITH A, 5440-5 E. MICHIGAN STREET, ORLANDO FL 32812. Includes handwritten numbers 500003533615--0 and LS.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

F & L CORP. 200 LAURA ST. THE GREENLEAF BLDG., 3RD FLOOR JACKSONVILLE FL 32202-3527

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

Handwritten signature of Judith A. Cepero

REGISTERED AGENT MUST SIGN

Date

12/30/02

11. 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.

SIGNATURE:

Handwritten signature of N. Cepero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02 407-299-0046

Date

Daytime Phone #

CR2E040 (8/00)