

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 OCT 18 PM 6:43

DOCUMENT #

196000076176

1. Corporation Name

Renato's Grille Inc

200818801772  
10/18/18--01015--013 \*\*\$50.00

2. Principal Office Address - No P.O. Box #

3720 SE Ocean Blvd

3. Mailing Office Address

3720 SE Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/19)

City & State

STUART FL

City & State

STUART FL

Zip

34996

Country

U.S.A

Zip

34996

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

1996

5. FEI Number

65-0701088

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Renato Maira

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

258 Ocean bay DR.

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

REINSTATEMENT

-2018

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9-16-18

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Renato Maira	258 Ocean bay	Jensen beach FL 34957
Secretary	Giuseppina Maira	258 Ocean bay	Jensen beach FL 34957

OCT 18 2018

CA 1001110543

10. E-mail Address: MAIRA 84@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-18

Daytime Phone #