

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P96000088138**

1. Corporation Name

**RENE'S AFTER FORE, INC.**

Principal Place of Business

Mailing Address

7050 WINKLER ROAD  
FORT MYERS FL 33919  
US

7050 WINKLER ROAD  
FORT MYERS FL 33919  
US

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



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/24/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0707116

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TURGEON, RENE P	7798 CAMERON CIR	FORT MYERS FL 33919
D	TURGEON, BARBARA C	529 SANFORD DRIVE	FORT MYERS FL 33919

900025047039  
11/26/03--01006--023 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURGEON, RENE P  
12715-3 MCGREGOR BOULEVARD  
FORT MYERS FL 33919

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*SIGNATURE*

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*RENE TURGEON*

Date

Daytime Phone #

239-489-0833  
11/17/03

CR2E040 (7/03)

RENE'S AFTER FORE, INC.  
7050 WINKLER ROAD  
FORT MYERS, FL 33919  
239-489-4424

November 18, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Rene's After Fore, Inc. EIN 65-0707116

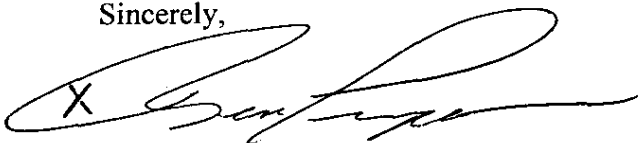
To Whom It May Concern:

Enclosed please find an application for reinstatement for Rene's After Fore, Inc. as well as a check for \$150.00. I am asking that you waive the \$600.00 reinstatement fee. My company has had several changes in office/bookkeeping staff during 2003 and the original 2003 annual uniform business report was not processed and passed on to me by my previous employee. I just became aware that this matter had been overlooked when I received the notice of Administrative Dissolution or Revocation in this week's mail.

I appreciate your consideration and understanding.

Thank you in advance for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Rene Turgeon", with a small "X" mark at the beginning of the signature.

Rene Turgeon