

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

98 NOV 23 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000045533

1. Corporation Name
RENEK, INC.

Principal Place of Business Mailing Address
111 CHESTNUT CIRCLE 111 CHESTNUT CIRCLE
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/22/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		89-3454149	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
PD	LADOLCETTA, ANGELA C	111 CHESTNUT CIRCLE	SAFETY HARBOR FL 34695
SD	LADOLCETTA, ANTHONY	111 CHESTNUT CIRCLE	SAFETY HARBOR FL 34695

300002698183-4
-11/30/98-01137-008
****150.00 ****150.00

AP 11/25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LADOLCETTA, ANTHONY 111 CHESTNUT CIRCLE SAFETY HARBOR FL 34695		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State FL 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.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN _____ Date _____

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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ 11-19-98 813-726-7162
Date Daytime Phone #

CR2040 (9/98)

November 18, 1998

Florida Department Of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Renek, Inc. Annual Report

Please find enclosed 1998 annual report for Renek, Inc. and our check for \$150.00. As per a phone conversation with Mr. Andy Dunlap of your department, I am sending this amount and asking to have any late fees waived since this is my first renewal and first offense. I have not to the best of my recollection received any prior notices for renewal. This may be because the renewal is being sent to my home address and not knowing what this was for was left unattended to.

I hope this will clear up the matter and can assure you that from now on we will be careful as to send future renewals early.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony LaDolcetta', with a long horizontal flourish extending to the left.

Anthony LaDolcetta