

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 17 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107164

1. Corporation Name

RENT INC

2. Principal Office Address

860-870 5th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33139

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1997

5. FEI Number

NONE

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

Corey Mark Sclar

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

860-870 5th Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

Corey Mark Sclar

Date 12/20/2001

REGISTERED AGENT MUST SIGN

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

Corey Mark Sclar

860-870 5th Street

Miami Beach, FL 33139

98-01 WBT

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10. 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:

Corey Mark Sclar

12/20/2001

Date

305-525-3239

Daytime Phone #

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MARK SKLAR
860 FIFTH STREET
MIAMI BEACH, FL 33139

Request taken by: Isellers
12-05-2001

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

1-850-245-6059 \$600.00 + 8.75

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

409 EAST GAINES STREET
TALLAHASSEE FL 32314

ATTN: TYRONE

Please waive late fees, the
previous notices have not been
received since 1998.

Thank you
Rouger