FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000091945

1. Entity Name

RENA FOUR, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

10/07/03 01066 017 $(150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2200 N.Ponce De Leon Blvd.	2200 N. Ponce De Leon Blvd.
Suite, Apt. #, etc. #10	Suite, Apt. #, etc. #10
City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32084 Country USA	Zip 32084 Country USA

4. FEI Number 59-3602351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name O'Connell, Henry

Street Address (P.O. Box Number is Not Acceptable) 2200 N. Ponce De Leon Blvd. #10

City St. Augustine FL Zip Code 32084

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DO NOT WRITE IN THIS SPACE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Ashdji, Farid
STREET ADDRESS	2200 N. Ponce De Leon Blvd. #10
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11/13

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: See Attached For Sig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091945

1. Entity Name

RENA FOUR, INC

DO NOT WRITE IN THIS SPACE

11034578

REINSTATEMENT 03

10/07/03 01066 017 $150.00 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9 Heron Court	9 Heron Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. FEI Number 59-3602351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: O'Connell, Henry

Street Address (P.O. Box Number is Not Acceptable): ~~2200 N. Ponce De Leon Blvd. #10~~

City: St. Augustine FL Zip Code 32084

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Ashdji, Farid
STREET ADDRESS	9 Heron Court
CITY-ST-ZIP	~~St. Augustine, FL 32080~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

For Signature Only

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CR2E034B (12/02)

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SIGNATURE: ____________________ APR-D-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W. HENRY O'CONNELL

Certified Public Accountant
2200 N. Ponce De Leon Blvd. Suite 10
St. Augustine, FL 32084
Phone (904) 829-0082 Fax 904 829-5030 e-mail: taxwho1@bellsouth.net

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

FILE COPY

Dear Sir or Madam:

Enclosed is a copy of the original UBR for Rena Four, Inc. This UBR was filed for my client Farid Ashdji in a timely manner along with a check for the amount $150.00. My client moved in May 2003 and did not receive any reminder notice. We have enclosed a copy of a replacement check to cover the filing costs. In no way did he try to avoid paying this fee. He has at least four more companies he paid timely, this one was lost in the mail. Please reinstate this corporation as soon as possible with the original filing fee. If you have any further questions, please contact me at (904) 829-0082.

Sincerely,

W.H. O'Connell, CPA