

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -4 PM 2:47

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DOCUMENT # P99000099816

1. Corporation Name

RENAISSANCE AT RIVERSIDE

2. Principal Office Address - No P.O. Box #
1732 MARGARET STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLORIDA

City & State

Zip Country
32204 US

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3649475

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
~~SHEFFIELD J HOWARD~~ CARLTON JONES

Street Address (P.O. Box Number is Not Acceptable)
~~4200 BAYMEADOWS ROAD~~ 5000-7 NORWOOD AVE

Suite, Apt. #, Etc.
4

City
JACKSONVILLE

State Zip Code
FL 32217
32208

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

CARLTON JONES
REGISTERED AGENT MUST SIGN

Date 9/2/09

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
D	CARLTON D JONES	1732 MARGARET STREET	JACKSONVILLE, FLORIDA 32204

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 contained in Chapter 119, 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

9/2/09
Date

Daytime Phone #