PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

96-97

DOCUMENT # #220842 (9)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: REGAL ONE CORPORATION ~~W97-19804~~

Principal Place of Business / Mailing Address

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida: 03/02/1959
551 DRIFT STONE AVE	P.O. BOX 98077	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 95-4158065 — Applied For / Not Applicable
City & State: LAS VEGAS NV	City & State: LAS VEGAS, NV	6. CERTIFICATE OF STATUS DESIRED ☑ — $8.75 Additional Fee required for a Certificate of Status
Zip: 89123 Country: USA	Zip: 89193 Country: USA	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	ISRAEL RUBINSTEIN	551 DRIFT STONE AVE	LAS VEGAS, NV 89123
			700002288217--2 -09/09/97--01042--003
			****923.75 ****923.75
			9-9-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. #105 TALLAHASSEE, FL. 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

CP2E040 (12/96)

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: Deborah D. Skipper as agent — REGISTERED AGENT MUST SIGN — Date: 9-8-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: I. Rubinstein — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ISRAEL RUBINSTEIN — Date: 8/25/97 — Daytime Phone #: 702-897-5331