

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

07 AUG 22 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08/28/07--01039--011 \*\*3508.75

CR2E039 (1/07)

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** A18206  
**1. Name of Limited Partnership**  
 Regency East Office Park II, Ltd. **BK**

<b>2. Principal Office Address - No P.O. Box #</b> 2431 Aloma Ave.		<b>3. Mailing Office Address</b> 2431 Aloma Ave.	
Suite, Apt. #, etc. Ste. 323		Suite, Apt. #, etc. Ste. 323	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32792	Country USA	Zip 32792	Country USA

<b>4. Date Formed or Registered To Do Business in Florida</b> 11/1/84	
<b>5. FEI Number</b> 592470405	Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name  
Dale D. Helling

Street Address (P.O. Box Number is Not Acceptable)  
2431 Aloma Avenue **BK**

Suite, Apt. #, Etc.  
Ste. 323

City  
Winter Park

State  
FL

Zip Code  
32792

**7. FEES:**

Filing Fee(s): \$411.25 for each year due this office.  
 Supplemental Fee(s): \$88.75 for each year due this office.  
 Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 \$500 penalty fee(s) be waived.

**9.** Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Dale D. Helling DATE 8/17/07  
(REGISTERED AGENT MUST SIGN)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
DDH Investment Corp.	2431 Aloma Ave. Ste. 323	Winter Park, FL 32792	G24216
WESLEY D. SCOVANNER & ASSOCIATES, INC.	2435 Aloma Avenue	Winter Park, FL 32792	G63564

**REINSTATEMENT 2001-2007**

**\* Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Dale D. Helling DATE 8/17/07  
 Typed or Printed Name of General Partner Signing Form Dale D. Helling Telephone Number 407-678-1866