

APPROVED AND FILED

1072

MAR-28-2006 10:02 From: GOLD BANK SBU

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F04000007055**

1. Corporation Name  
**REGIONAL PROPERTIES OF KANSAS, INC.**

2. Principal Office Address  
**11301 NALL**

3. Mailing Office Address  
**11301 NALL**

State, Apt. #, etc.  
City & State  
**LEAWOOD, KANSAS**

City & State  
**LEAWOOD, KANSAS**

Zip Country  
**66211 USA**

Zip Country  
**66211 USA**

**REINSTATEMENT** 05-06 *PSK*

4. Date Incorporated or Qualified To Do Business in Florida **12/14/04**

5. FEI Number **20-1448727** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
**JERRY L. NEFF**

Street Address (P.O. Box Number is Not Acceptable)  
**4502 CORTEZ**

City  
**BRADENTON**

State Zip Code  
**FL 34210**

8. I, being appointed the registered agent of the named corporation, am familiar with and accept the obligations of section 607.0205 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **3/28/06**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	RICHARD J. TREMBLAY	11301 NALL	LEAWOOD, KANSAS 66211
Pres/Sec / Director	PHIL CONRADY	11301 NALL	LEAWOOD, KANSAS 66211
V. Pres / Director	GREG POTH	11301 NALL	LEAWOOD, KANSAS 66211
Treasurer	JUDY TIBOR	11301 NALL	LEAWOOD, KANSAS 66211
Manager	PAMELA BERNEKING	11301 NALL	LEAWOOD, KANSAS 66211

10. I certify that I am an officer or director or the recipient 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, all persons for whom the business has been incorporated, 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 115.07(3)(c), 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]* **PHIL A. CONRADY** Date **3/28/06** 816-741-3344

Signature and Title of Officer or Director (Name of Registered Officer or Director) Date Digitize Phone #

2032

Florida Department of State  
Division of Corporations  
Public Access System

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CORPORATION REINSTATEMENT

REGIONAL PROPERTIES OF KANSAS, INC.

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