

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 7 PM 2: 25

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L57328
1. Corporation Name
207 VILLA REGINA, INC.

1082

REINSTATEMENT *06 DSC*
CR2E081 (12/05)

2. Principal Office Address
1355 Beverly Road
Suite Apt. # etc.
Suite 215
City & State
McLean, VA
Zip
22101 Country
USA

3. Mailing Office Address
1201 Hays Street
Suite Apt # etc.
City & State
Tallahassee, FL
Zip
32301 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEEL Number
650192338 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite Apt # Etc.
City
Tallahassee State
FL Zip Code
32301

8. I am 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: *Troy Todd*
Troy Todd
as its agent
Date: 11-7-2006
REGISTERED AGENT MUST SIGN

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
Pres	Frederick J. Tansill, Esq.	1355 Beverly Road, Ste 215	McLean, VA 22101

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/7/06 (703) 847-1359
Daytime Phone #