

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO4000001948**
1. Corporation Name **Regina Mundi Inc**

2. Principal Office Address 157 Lamson St		3. Mailing Office Address 157 Lamson St	
Suite, Apt. #, etc. Jacksonville		Suite, Apt. #, etc. Jacksonville	
City & State Florida		City & State Florida	
Zip 32211	Country Duval	Zip 32211	Country Duval

FILED
06 NOV 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2006

4. Date Incorporated or Qualified To Do Business in Florida **2004**

5. FEI Number **80-0006056** 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 **Priscilla Ejimofor**

Street Address (P.O. Box Number is Not Acceptable)
157 Lamson St

Suite, Apt. #, Etc. **300092149322**

City **Jacksonville** State **FL** Zip Code **32211**

11/29/06--01053--009 **25.25

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 **Priscilla Ejimofor** Date **11-25-2006**

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
President	Priscilla Ejimofor	157 Lamson St	Jacksonville FL 32211
V.P	Pauline Eke	851 Bert Rd	Jax FL 32211
Treasurer	Ebere Raphael	600 Eugenia St	Tallahassee FL
Secretary	Hilda Jones	907 W 28th St	Jax Flor 32209
Adm. Secretary	Cornelia Johnson	3810 N. Davis St	Jax FL 32209

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: **Priscilla Ejimofor** Date **11-26-2006** Daytime Phone # **904 724 8705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Priscilla Ejimofor