

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 18 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 220842

1. Corporation Name

REGAL ONE CORPORATION

2. Principal Office Address

Dieterich & Assoc.

Suite, Apt. #, etc.

11300 West Olympic

City & State Santa Barbara

Los Angeles CA

Zip

90064

Country

USA

3. Mailing Office Address

28780 WAGON RD

Suite, Apt. #, etc.

City & State

AGOURA CA

Zip

91301

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

1959

5. ECI Number

EID 95-4158065

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

Corporation Service Company

Street Address (Do Not Number in Apartment)

1201 Hays Street

Suite, Apt. #, etc.

Tallahassee

City

400072764194

04/28/06 01028 005 \*\*\$8.75

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

4-17-06

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
Chair CEO	Malcolm Currie	28780 Wagon Rd	AGOURA CA 91301
COO	Dr Richard Hull	9517 Duxbury Lane	Los Angeles CA 90034
Dir	Carl Perry	2175 Alisos Drive	Santa Barbara CA 93108
Dir	Dr Neil Williams	10693 Wilk Rd / Suite 301	Koral Springs FL 33076

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 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:

Chairman and CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-20-'06 818.7078652

Daytime Phone #