

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 547860

**1. Corporation Name**

Regal Development of Polk County, Inc.

**2. Principal Office Address**

6729 Trail Ridge

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

US

**3. Mailing Office Address**

P.O. Box 7357

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33807

Country

US

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

9/28/77

**5. FEI Number**

59-1769778

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2000**

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

Name

L.K. Hoffman

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

6729 Trail Ridge

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip 33813

**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

Date 10/23/00

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
P/D	L.K. Hoffman	6729 Trail Ridge	Lakeland, FL 33813
V/S/ T/D	Barbara L. Hoffman	6729 Trail Ridge	Lakeland, FL 33813

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

863/644-7561

Daytime Phone #