

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 628709

1. Corporation Name

REGIONAL BUILDERS, INC.

FILED

02 OCT 25 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~7409 ESTRELLA CIRCLE~~
~~BOCA RATON FL 33433~~

Mailing Address

~~7409 ESTRELLA CIRCLE~~
~~BOCA RATON FL 33433~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

6654 Bristol Lake South

City & State

Delray Beach, FL 33446

Zip

33446

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

6654 Bristol Lake South

City & State

Delray Bch, FL

Zip

33446

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1979

5. FEI Number

59-1922722

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KEMPNER, MICHAEL	7409 ESTRELLA CIRCLE Same	BOCA RATON FL
DST	KEMPNER, BARBARA	7409 ESTRELLA CIRCLE Same	BOCA RATON FL

300008601783
10/25/02--01120--004 **150.00

8. Name and Address of Current Registered Agent

KEMPNER, MICHAEL

~~7409 ESTRELLA CIRCLE~~

~~BOCA RATON FL 33433~~

9. Name and Address of New Registered Agent

Name

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

6654 Bristol Lake South

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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 REQUIRED Michael Kempner

10/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

262

**MICHAEL KEMPNER
6654 BRISTOL LAKE SOUTH
DELRAY BEACH, FL 33446
561-865-8558**

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

**RE: 628709
REGIONAL BUILDERS, INC.**

Enclosed please find my application for reinstatement along with my check for \$150.00. The 2002 Annual Report/Uniform Business Report was sent to my old address and we never received it. We have moved to the address listed above and I have completed the change of address portion on the application.

Thank you very much.

Sincerely yours,



Michael Kempner

MK/alo