

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 680185

1. Corporation Name

REGAL HOTEL CORPORATION

Principal Place of Business

5510 U.S. HIGHWAY 27 NORTH
DAVENPORT FL 33837

Mailing Address

5510 U.S. HIGHWAY 27 NORTH
DAVENPORT FL 33837

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1980

5. FEI Number

59-2019806

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
P	WILLIAMS, DAVID	5510 US HWY 27 NORTH	DAVENPORT FL 33837

100008935441

11/12/02--01074--018 **150.00

02 UBS

8. Name and Address of Current Registered Agent

WILLIAMS, DAVID
COMFORT INN, I-4, US 27
DAVENPORT FL 33837

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

David Williams SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/5/02

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:

David Williams SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02

Daytime Phone #

CR2E040 (8/02)

Page 2 of 2

November 1, 2002

RE: 59-2019806 UBR Document #680185

To Whom It May Concern:

I did not receive the UBR notice until this past week. I would like for the reinstatement fee to be waived.

Thank you in advance for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "David Williams".

David Williams
President
Regal Hotel Corporation