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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM / 2 FLORIDA DEPARTMENT OF STATE Katherine Harris

CORPORATION
REINSTATEMENT



Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	6 484 465	
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Regis Co	nstruction	E Wterpris

INC.

	FI	LE	D		
02	JAN	29	PM	4:	20
SEC	RETA AHA	NRY ( SSEI	OF S E, FL	TA OR	TE IDA

2. Principal Office	e Address	3. Mailing Office Ad	dress PAve	-02/13/02I ****458.75	01107006
Suite, Apt. #, etc.	e noe.	Suite, Apt. #, etc.	110 €	4. Date Incorporated or Qualified	
City & State Holmes Zip 34211	Beach, Fl. Country MANATTE	City & State  Holmes  Zip  34211	Beach, Fl.	5. FEI Number 57 202 747 8 6. CEPTIEICATE OF STATUS DESIRED [V] \$8	Applied For Not Applicable 75 Additional Fee require or a Certificate of Status
Nar	ne F	7. Name an	d Address of Current Register	red Agent	
	ot Address (BO Boy Number is No	at Appendix			<del></del>

William F. Regis	1.0.000
Street Address (P.O. Box Number is Not Acceptable)	
4412 2ND Ave	
Suite, Apt. #, Etc.	
Cit.	
City	State Zip Code
Holmes Peach	<b>FL</b>   ス <i>4シ</i> / つ

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8. I, being appoin	ted the registered agent of t	the above na	amed corporation, am familiar with an	d accept the obligations of sect	tion 607.0505 or 617.0503, F	S.	
Signature of Registered Agent	Wellin	~	Rem		Date 01/29	12002	
		REGIST	ERED AGENT MUST SIGN		<del>-/-/</del>		
_				2	Charles distance to the control of t		

9. Names	and Street Addresses of Each Officer and/or Director (Fl	orida 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
sed Jus	William F. Regis Orline Repressegis	4412 2ND Ave	Holmes Beach 7/3/207

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.

SIG	NAT	URE:	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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January 25, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Document #688405

To Whom It May Concern:

I was corresponding with the Department of Labor and much to my dismay, found out our corporation was inactive.

They enclosed a copy of my corporate sheet. I realized what the problem was. The old address and the new address were combined. Therefore, I never received my renewal forms. They were sent to an unknown address.

Old Address

New Address

10019 Kenda Dr. Riverview, FL 33569 4412 2<sup>nd</sup> Avenue Holmes Beach, FL 34217

I spoke to E. Peterson on 01/18/02. She stated the fee would be \$450.00. I would also like a certificate of state for an additional \$8.75.

Enclosed is a check in the amount of \$458.75, along with copies of the documents I have received.

Please contact me at 941-779-1858 if you need additional information. Thank you for your assistance in this matter.

Sincerely,

LaRae Regis

**Enclosures**