PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COR REN	PORATI VATE	R	8	DEPARTMENT OF STATE ecretary of State				FILED 10 APR 20 AM II: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # 729620 1. Corporation Name								,TALLAHASSEE,	FERUM	
Regency Park Civic Association										
				Regency Park Blvd.			900176531809 04/20/1001016017 **61.25 cr2e081 (11/09)			
Suite, Apt. #, etc. Suite, Apt. #,				etc.			Date Incorporated or Qualified To Do Business in Florida 1976			
City & State Port F	Richey,	Port Richey, FI.				5. FEI Numbe 59185520	Per Applied For			
^{Zip} 34668	Country USA		Zip 34668	Co		try	6. CERTIFICATE	TIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent										
Name Dorothy R. Hinnant							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Street Address (P.O. Box Number is Not Acceptable)										
9830 Mark Twain Ln. Suite, Apt. #, Etc.										
City State Zip Co Port Richey FL 34668						Zip Code 34668	_ fee be waived.			
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 4-15-10			
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	
Pres.	Dorothy R. Hinnant				9830 Mark Twain Ln.			Port Richey,	FI. 34468V	
V Pres	Paul F	7719 Vienna Lane			ne	Port Richey, Fl. 34668				
Secty	Gene	10014 Brunswick Lane			Lane	Port Richey,	Fl. 34668			
Treas	Loret	7141 Potomac dr.			dr.	Port Richey, Fl. 34668				
D	Elsie	7820 Farmlawn Dr			Dr	Port Richey, Fl. 34668				
D	Elaine Schabilon				7224 Heath Dr			Port Richey, Fl. 34668		
10. E-mail Address: dhinnant1@tampabay.m.com										
(To be used for future annual report notification) 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. I further certify, 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: Dorothy R. Hinnant 4-15-10 7273890950 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									7273890950 Daytime Phone #	