

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 5:45

DOCUMENT # F00000006222

1. Corporation Name

REGENCY VEHICLE CORP.

Principal Place of Business

Mailing Address

10 S.E. CENTRAL PARKWAY, STE 450
STUART FL 34994

10 S.E. CENTRAL PARKWAY, STE 450
STUART FL 34994



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-3441017

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	WAGNER, CLIFFORD J	10 S.E. CENTRAL PKWY STE 450	STUART FL

000004661700--r
-11/01/01--01005--007
****150.00 ****150.00

10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAGNER, CLIFFORD J
10 S.E. CENTRAL PKWY, STE 450
STUART FL 34994

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.

Signature of Registered Agent

Date

10/15/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)
10/15/01 219-1700

CR2E040 (8/01)



REGENCY VEHICLE CORP

October 15, 2001

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

Re: Regency Vehicle Corporation
Document #F00000006222
FEI #11-3441017

Dear Madam or Sir:

Enclosed is a check in the amount of \$150.00 for the Corporate Annual Report filing fee for Regency Vehicle Corporation.

We did not receive any prior reports to complete and mail in due to an address change. Our new location address is:

1829 S. E. Airport Road
Stuart, FL 34996

Our new mailing address is:

P. O. Box 377
Stuart, FL 34995-377

Please accept the application for reinstatement as our Corporate Annual filing since we do not have the regular form.

Sincerely,


Clifford J. Wagner
President