

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

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

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

Mailing Address

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

P.O. BOX 377

3. New Mailing Office Address, If Applicable

P.O. BOX 377

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

STUART FL

City & State

STUART FL

Zip

34995

Country

US

Zip

34995

Country

US

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSTD | WAGNER, CLIFFORD J | 10 S.E. CENTRAL PKWY STE 450 | STUART FL |
| | | | |
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000004661700--
-11/01/01--01005--007
****150.00 ****150.00

10/15/01

8. Name and Address of Current Registered Agent

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

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/01

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