

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -3 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F-82570*

1. Corporation Name

South Florida Regional INC.

2. Principal Office Address

1945 NE 3 STREET

3. Mailing Office Address

P.O. BOX 856

Suite, Apt. #, etc.

#17

Suite, Apt. #, etc.

City & State

*DEERFIELD BEACH
FLORIDA*

City & State

BOCA RATON, FL.

Zip

33441

Country

BROWARD

Zip

33429

Country

Palmbch

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/82

5. FEI Number

592238306

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEXTER SAYLOR (P)

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

1945 NE 3 STREET

Suite, Apt. #, Etc.

#17

City

DEERFIELD BEACH

State
FL

Zip Code

33441

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

Dexter Saylor (P)

Date

9/26/06

REGISTERED AGENT MUST SIGN

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
<i>PRESIDENT</i>	<i>DEXTER SAYLOR (P)</i>	<i>1945 NE 3 STREET #17</i>	<i>DEERFIELD Bch, FL. 33441</i>

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 contained in Chapter 119, 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:

DEXTER SAYLOR (P)
Dexter Saylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/06

Daytime Phone #

954-614-1238

292

9/26/06

TO WHOM IT MAY CONCERN,

I did not RECEIVE postcard
2001 NOTICE. PLEASE WAIVE
\$600.00 REINSTATEMENT FEE.

THANK YOU VERY, VERY MUCH.

DEXTER SAYLOR

Dexter Saylor

592238306

SOUTH FLORIDA REGISTRY/INC