

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1472

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *W82570*

1. Corporation Name

*South Florida Regional Inc.*

2. Principal Office Address <b>1945 NE 3 STREET</b>		3. Mailing Office Address <b>P.O. Box 856</b>	
Suite, Apt. #, etc. <b>#17</b>		Suite, Apt. #, etc.	
City & State <b>DEERFIELD BEACH Florida</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33441</b>	Country <b>BROWARD</b>	Zip <b>33429</b>	Country <b>Palma Bch.</b>

06 OCT -3 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-06

EP

CR2E081 (12/05)

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 <b>DEXTER SAYLOR (P)</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1945 NE 3 STREET</b>			
Suite, Apt. #, Etc. <b>#17</b>			
City <b>DEERFIELD BEACH</b>		State <b>FL</b>	Zip Code <b>33441</b>

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.

*DEXTER SAYLOR (P)*  
SIGNATURE: *Dexter Saylor (P)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/26/06 954-614-1238*

Date

Daytime Phone #

242

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

59223 8306

South Florida Regional Inc