

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005088

1. Corporation Name

REGENESIS CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~1700 INDIAN TOWN LANE~~
~~TALLAHASSEE FL 32301~~

~~1700 INDIAN TOWN LANE~~
~~TALLAHASSEE FL 32301~~

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

2. New Principal Office Address, If Applicable

115-B Salem Court

Suite, Apt. #, etc.

Tallahassee, FL

City & State

Zip 32301

Country USA Leon

3. New Mailing Office Address, If Applicable

115-B Salem Court

Suite, Apt. #, etc.

Tallahassee, FL

City & State

Zip 32301

Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/02/1996

5. FEI Number

59-3405990

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PCD	WHATLEY, DEBRA H	1700 INDIAN TOWN LANE	TALLAHASSEE FL
			600003029856--0 -11/01/99--01002--024 *****8.75 *****8.75
			600003029856--0 -11/01/99--01002--025 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DYE, DON D
317 E. CALL ST.
TALLAHASSEE FL 32301

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 10-21/99

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:

Debra H. Whatley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

850-402-1011

Daytime Phone #

KE