

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005088**

1. Corporation Name

REGENESIS CONSULTANTS, INC.

Principal Place of Business

1709 INDIAN TOWN LANE
TALLAHASSEE, FL 32301

Mailing Address

1709 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 <i>115-13 Salem Court</i> Suite, Apt. #, etc. <i>Tallahassee, FL</i> City & State	3. New Mailing Office Address, If Applicable <i>115-13 Salem Court</i> Suite, Apt. #, etc. <i>Tallahassee, FL</i> City & State	4. Date Incorporated or Qualified To Do Business in Florida <i>10/02/1996</i>
Zip <i>32301</i>	Country <i>USA</i>	5. FEI Number <i>59-3405990</i>
Zip <i>32301</i>	Country <i>USA</i>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PCD	WHATLEY, DEBRA H	1709 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

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

9. Name and Address of New Registered Agent

Name <i></i>	Name <i></i>	
Street Address (P.O. Box Number is Not Acceptable) <i></i>	Street Address (P.O. Box Number is Not Acceptable) <i></i>	
Suite, Apt. #, Etc. <i></i>	Suite, Apt. #, Etc. <i></i>	
City <i></i>	State <i>FL</i>	Zip Code <i></i>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

DR

REGISTERED AGENT MUST SIGN

Date *10-21-99*

CR2040 (8/99)

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 807 or 817, 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 807.0401 or 817.0401, 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

10/20/99 850-402-1011

Date Daytime Phone #

KE

0006656 AF