

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F98000001984**

1. Corporation Name

REGENCY AFFILIATES, INC.

Principal Place of Business

729 S. FEDERAL HWY. SUITE 307
STUART FL 34994

Mailing Address

729 S. FEDERAL HWY. SUITE 307
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1998

5. FEI Number

72-0888772

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City & State / Zip 4
PC	PONSOLDT, WILLIAM R	729 S. FEDERAL HWY, SUITE 307	STUART FL 34994
CEO	PONSOLDT, WILLIAM R	729 S. FEDERAL HWY, SUITE 307	STUART FL 34994
CFO	LONG, DOUGLAS F Marc Baldinger	729 S. FEDERAL HWY, SUITE 307	STUART FL 34994
D	CAREY, STEPHANIE	KING & GEORGE ST, PO BOX CB-1098	NASSAU, BAHAMAS
D	CRAFFEY, MARTIN J	58 MAINSAIL DR	PATCHOGUE NY 11772
D	HORBACH, LARRY J William Ponsoldt	1809 S. 120TH ST 729 S. Federal Hwy Suite 307	OMAHA NE 68144 Stuart FL 34994

8. Name and Address of Current Registered Agent

~~LONG, DOUGLAS F~~
729 S. FEDERAL HWY, SUITE 307
STUART FL 34994

9. Name and Address of New Registered Agent

Name Marc Baldinger
Street Address (P.O. Box Number is Not Acceptable)
729 S. Federal Hwy, Suite 307
Suite, Apt. #, Etc.
Suite 307
City Stuart State FL Zip Code 34994

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

10/17/01

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 #

10/17/01 (561) 220 7662

CR2E040 (8/01)