PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

02 UBP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 AM 8:01

DOCUMENT # G35726

1. Corporation Name

REGIONAL REALTY, INC.

Principal Place of Business	Mailing Address
~~7409 ESTRELLA CIR.~~	~~7409 ESTRELLA CIR.~~
~~BOCA RATON FL 33433~~	~~BOCA RATON FL 33433~~

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 6654 Bristol Lake South	Suite, Apt. #, etc.: 6654 Bristol Lake South
City & State: Delray Beach, FL	City & State: Delray Beach FL
Zip: 33446 Country:	Zip: 33446 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/1983

5. FEI Number: 59-2287994 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KEMPNER, MICHAEL E.	~~7409 ESTRELLA CIR.~~ 6654 Bristol Lake South	~~BOCA RATON FL~~ Delray Beach, FL. 33446
DST	KEMPNER, BARBARA	~~7409 ESTRELLA CIR.~~	~~BOCA RATON FL.~~ 900008644149
			10/29/02--01036--002 **150.00

8. Name and Address of Current Registered Agent

KEMPNER, MICHAEL
~~7409 ESTRELLA CIR.~~
~~BOCA RATON FL 33433~~

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 6654 Bristol Lake South
Suite, Apt. #, Etc.:
City: Delray Beach State: FL Zip Code: 33446

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/22/02
REGISTERED AGENT MUST SIGN

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 REQUIRED Michael Kempner 10/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/6/02 AD