

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025080

Name and Mailing Address

0013702 01 AT 0.292 \*\*AUTO T9 0 0615 34668-685136



THE REGENCY OFFICE GROUP, L.L.C.  
6709 RIDGE ROAD, SUITE 111  
PORT RICHEY FL 34668-6851



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/25/2002	
Principal Place of Business 6709 RIDGE ROAD, SUITE 111 PORT RICHEY FL 34668	3. New Principal Place of Business Address	6. FEI Number 14-1853828	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PARRIS, DAVE 5441 MANATEE POINT DRIVE NEW PORT RICHEY FL 34652	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *David Parris* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/10/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PARRIS, DAVE	5441 MANATEE POINT DRIVE	NEW PORT RICHEY FL 34652

600025771576  
12/26/03--01039--002 \*\*150.00

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *David Parris* **SIGNATURE REQUIRED** Date 12/10/03 Daytime Phone # 922 834-9300

Typed or printed name of signing Managing Member/Manager - DAVID PARRIS