

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2008 FEB 19 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000084725

1. Limited Liability Company's Name

REGENT STREET CAPITAL, LLC

2. Principal Office Address - No P.O. Box #

1625 S Federal Highway  
Suite, Apt. #, etc.

3. Mailing Office Address

6278 N Federal Highway  
Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Fort Lauderdale

Zip

33062

Country

Broward

Zip

33308

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

11/22/2004

6. FEI Number

20-1923600

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

20-1923600

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

Bruce Harmon

Street Address (P.O. Box Number is Not Acceptable)

428 SW 9th Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33991

9. 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/1/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Douglas H. Forde	1625 S Federal Highway	Pompano Beach, FL 33062

L. SELLERS

FEB 25 2008

EXAMINER

REINSTATEMENT

0608

11. 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

*[Signature]*

Date

2/2/08

Daytime Phone #

954 319 1810

Typed or printed name of signing Managing Member/Manager