

NOV. 7. 2001 2:14AM

CALKER_DUNNEN_LEVINE_001-032-9400

NOV. 10 2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L17470					
1. Corporation Name REGATTA HOMES, INC. 8055 S. Military Trail Boynton Beach, FL 33436					
2. Principal Office Address 8055 S. Military Trail			3. Mailing Office Address 8055 S. Military Trail		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Boynton Beach, FL			City & State Boynton Beach, FL		
Zip 33436	Country USA	Zip 33436	Country USA		

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 9/21/89	
5. FEI Number 650146798	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Paul Griesmer	
Street Address (P.O. Box Number is Not Acceptable) 8055 S. Military Trail	
Suite, Apt. #, Etc.	
City Boynton Beach,	State FL
Zip Code 33436	

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****388.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent		Date 11/8/01	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/VP/T	Paul Griesmer	8055 S. Military Trail	Boynton Beach, FL 33436
10. 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: Paul Griesmer		Date 11/8/01	Daytime Phone # 561/364-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			