

# M02000000434

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
DIVISION OF CORPORATIONS

FILED

REINSTATEMENT FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 DEC -7 PM 1:54

DOCUMENT # M02000000434

1. Limited Liability Company's Name

Regional Businesses LLC

BK

100163365381  
12/07/09--01004--007 \*\*932.50

CR2E041 (11/09)

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

8410 N. W. 53rd Ter.

Suite, Apt. #, etc

Suite 119

City & State

Doral Florida

Zip

33166

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

02/15/2002

6. FEI Number

52-2336980

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paul L. Glance C.P.A.

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

8410 NW. 53rd Ter.

Suite, Apt. #, Etc

Suite 119

City

Doral

State

FL

Zip Code

33166

☐ 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.

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

Paul L. Glance C.P.A.

Date

12/3/09

REGISTERED AGENT MUST SIGN

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
Sec/Dir	Andrew Parkinson	Cable & Wireless 3rd Floor, 26 Red Lion Square	London, UK WC1R 4HQ

REINSTATEMENT 2004-2009

11. E-mail Address:

(To be used for future annual report notifications)

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

Andrew Parkinson

Date

12/3/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Andrew Parkinson