

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 12 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003403

1. Limited Liability Company's Name

Regis Realty I, LLC

400155672054
05/08/09--01015--005 **416.25
CR2E041 (10/08)

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

555 Republic Drive

3. Mailing Office Address

555 Republic Drive

Suite, Apt. #, etc.

Suite 490

Suite, Apt. #, etc.

Suite 490

City & State

Plano, TX

City & State

Plano, TX

Zip

75074

Country

USA

Zip

75074

Country

USA

4. State/Country of Formation

Texas, USA

5. Date Organized or Qualified

To Do Business in Florida 12/18/2002

6. FEI Number

47-0884340

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ 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

Date

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
MGR	Ronald F. Akin	555 Republic Drive, Suite 490	Plano, TX 75074
MGR	F. Terry Shumate	555 Republic Drive, Suite 490	Plano, TX 75074

REINSTATEMENT 07-09
D Bruce

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

Date 5/04/09

Daytime Phone # 469-522-4368

Typed or printed name of signing Managing Member/Manager