


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 APR 14 PM 1:47 100073778221 05/03/06--01005--009 **1800.00 CR2E081 (12/05)	
DOCUMENT # m87-819					
1. Corporation Name Regal Classic Homes, Inc.					
2. Principal Office Address 2457 A So. Hiawasse Road			3. Mailing Office Address		
Suite, Apt. #, etc. PMB 314			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State		
Zip 32835	Country Orange	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 06/30/1988	
				5. FEI Number 59-2901838	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Michael McGuffie					
Street Address (P.O. Box Number is Not Acceptable) 7425 Park Springs Circle					
Suite, Apt. #, Etc.					
City Orlando				State FL	Zip Code 32835
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <i>Michael H McGuffie</i> Date 4/13/06					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D,P	Michael H. McGuffie	7425 Park Springs Circle	Orlando, FL 32835		
D,V,S,T	Ellen B. McGuffie	7425 Park Springs Circle	Orlando, FL 32835		
REINSTATEMENT 99-06					
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 contained in Chapter 119, 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: <i>Michael H McGuffie</i> 4/13/06 407-291-6740					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					