

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001948

Entity Name: REGINA MUNDI INC

FILED  
Oct 25, 2005  
Secretary of State

## Current Principal Place of Business:

157 LAMSON ST  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

## Current Mailing Address:

157 LAMSON ST  
JACKSONVILLE, FL 32211

## New Mailing Address:

FEI Number: 80-0006056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EJIMOFOR, PRISCILLA  
157 LAMSON ST  
JACKSONVILLE, FL 32211 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PRISCILLA EJIMOFOR

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EJIMOFOR, PRISCILLA  
Address: 157 LAMSON ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: V ( ) Delete  
Name: EKE, PAULINE  
Address: 157 LAMSON ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: UGOCHA, CHUKWULETA R  
Address: 157 LAMSON ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete  
Name: JONES, HILDA  
Address: 157 LAMSON ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete  
Name: RAPHAELLE, EBERE  
Address: 157 LAMSON ST  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EBERE RAPHALLE

T

10/25/2005

Electronic Signature of Signing Officer or Director

Date