

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000010083

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** REGENCY SQUARE OFFICES ASSOCIATION, INC.

**Current Principal Place of Business:**

1541 SUNSET DRIVE SUITE 300  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

1541 SUNSET DRIVE SUITE 300  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, TODD  
1541 SUNSET DRIVE SUITE 300  
CORAL GABLES, FL 33143 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: TODD LEVINE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEVINE, TODD  
Address: 1541 SUNSET DRIVE SUITE 300  
City-St-Zip: CORAL GABLES, FL 33143

Title: VD  
Name: SCOTT, JEFF  
Address: 1541 SUNSET DRIVE SUITE 300  
City-St-Zip: CORAL GABLES, FL 33143

Title: STD  
Name: BOUCHER, MARC  
Address: 7050-51 WEST PALMETTO PARK RD  
City-St-Zip: BOCA RATON, FL 33433

I hereby 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 all other like empowered.

SIGNATURE: TODD LEVINE

PD

10/05/2010

Electronic Signature of Signing Officer or Director

Date