

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N30215</b> 1. Entity Name <b>REGINA LYNN RANCHES HOMEOWNERS ASSOCIATION INC.</b>				 <div style="text-align: right;"> <b>FILED</b>  <b>07 MAY 14 AM 8:44</b>          DEPARTMENT OF STATE          TALLAHASSEE, FLORIDA       </div>	
Principal Place of Business <b>15350 S.W. 24TH PLACE</b> <b>DAVIE, FL 33326 US</b>				Mailing Address <b>15350 S.W. 24TH PLACE</b> <b>DAVIE, FL 33326 US</b>	
2. Principal Place of Business - No P.O. Box # <b>15150 SW 24 PLACE</b>		3. Mailing Address <b>15150 SW 24 PL</b>			
Suite, Apt. #, etc. <b>DAVIE FLA</b>		Suite, Apt. #, etc. <b>DAVIE FLA</b>			
City & State <b>DAVIE FLA</b>		City & State <b>DAVIE FLA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33326</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRODEY, ARCHIE F</b> <b>15150 S.W. 24 PLACE</b> <b>DAVIE, FL 33326</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Archie F Brodey</i></u> <span style="float: right;"><b>4-1-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLUMP, ANDREAS 15200 S.W. 24 PLACE DAVIE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD Archie Brodey</u> <u>15150 SW 24 PL</u> <u>DAVIE FLA 33326</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODY, ARCHIE 15150 SW 24 PL DAVIE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Andreas KLUMPP</u> <u>15200 SW 24 PL</u> <u>DAVIE FLA 33326</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCPHERSON, HEIDI 15300 SW 24 PLACE DAVIE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD Heidi McPherson</u> <u>15300 SW 24 PL</u> <u>DAVIE FLA 33326</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRODY, DEIRDRE 15250 S.W. 24TH PLACE DAVIE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD Deirdre Brodey</u> <u>15150 SW 24 PL</u> <u>DAVIE FLA 33326</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLUMP, LENYS 15200 S.W. 24 PL DAVIE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD Lenys KLUMPP</u> <u>15200 SW 24 PL</u> <u>DAVIE FLA 33326</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em;"> <i>DRJ22</i> </div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>400103288924</b>  <b>05/25/07--01025--003 **122.50</b> </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Archie F Brodey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <b>4-1-07</b> <b>954-384-4190</b>  <small>Date Daytime Phone #</small> </div>		