PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 16 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004739

1. Corporation Name
DAYTONA BEACH REGENCY ASSOCIATION, INC.

Principal Place of Business
400 NORTH ATLANTIC AVENUE
DAYTONA BEACH, FL. 32118

Mailing Address
400 NORTH ATLANTIC AVENUE
DAYTONA BEACH, FL. 32118

REINSTATEMENT 98-99 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip
Country

3. New Mailing Address, If Applicable
Suite, Apt #, etc
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 09/12/96

5. FEI Number 23-2832062 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LYNCH, CHARLES, T.	400 NORTH ATLANTIC AVENUE	DAYTONA BEACH, FL. 32118
VPTD	FLATLEY, THOMAS F.	1150 FIRST AVE, SUITE 900	KING OF PRUSSIA, PA. 19406
SD	CLARK, JERRY	400 NORTH ATLANTIC AVENUE	DAYTONA BEACH, FL. 32118

000002814880
-03/23/99 -01031 -004
****297.50 ****297.50

8. Name and Address of Current Registered Agent
LYNCH, CHARLES T.
400 NORTH ATLANTIC AVENUE
DAYTONA BEACH, FL. 32118

9. Name and Address of New Registered Agent
Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt #, Etc
City: PLANTATION State: FL Zip Code: 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Korri A. Behler* KORRI A. BEHLER Special Assistant Secretary Date 3/15/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [XX] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: *T. F. Flatley* THOMAS F. FLATLEY 3/10/99 (610) 992-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)

(FLA - 2113 - 3/7/96)