

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -9 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

701 00008 4413

1. Corporation Name

Regi of Daytona Beach inc.

2. Principal Office Address

1122 N. Atlantic Ave
Suite, Apt. #, etc.

3. Mailing Office Address

1122 Atlantic Ave
Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip Country

32118 USA

Zip Country

32118 USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 1 2001

5. FEI Number

59 38-41020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Joseph Lupu~~ Joseph Lupu

Street Address (P.O. Box Number is Not Acceptable)

~~1122 N. Atlantic Ave~~ 1122 N. Atlantic Ave

Suite, Apt. #, Etc.

N. Atlantic Ave

City

~~Daytona Beach~~ Daytona Beach

State

FL

Zip Code

32118

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

Joseph Lupu

REGISTERED AGENT MUST SIGN

Date 1/6/03

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
Pres.	Joseph Lupu	1122 N. Atlantic Ave	Daytona Beach, FL 32118
V.P.	Margaret Lupu	1122 N. Atlantic Ave	Daytona Beach, FL 32118
			100012311731 02/11/03--01039--029 **150.00

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 under section 119.07(3)(i), 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:

Joseph Lupu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

386-253-3657

Daytime Phone #

CR2E081 (9/01)

1/6/03
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To Whom it may Concern:

Per our conversation with your Office, I was told that a resection letter was mailed to the corporation in April of 2002. I never received that letter or any other correspondence from your office. Enclosed is a cancelled copy of our check from last year.

I am requesting that you waive any Penalty Fees, and please accept our sincere apologies for the misunderstanding.

Thank you,

Joseph Lupo
Joseph Lupo