

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 23 AM 11:22

DOCUMENT # P02 000096176

**1. Corporation Name**

Rega Group, Inc.

**REINSTATEMENT** 03-04

**2. Principal Office Address**

8301 S.W. 58 ST.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**City & State**

33143

**Zip**

33143

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9-04-02

**5. FEI Number**

76-0756098

**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**

Frank Regalado

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

8301 SW 58 ST.

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33143

**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

Date

REGISTERED AGENT MUST SIGN

**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
P	FRANK REGALADO	8301 SW 58 ST.	MIAMI, FL 33143
VP	RENE REGALADO	8301 SW 58 ST.	MIAMI, FL 33143
T	ROBERT REGALADO	8301 SW 58 ST.	MIAMI, FL 33143

**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)(l), 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:**

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04  
Date

305-665-9351  
Daytime Phone #

CR2E081 (01/04)

# PROTURF

A GOLF COURSE CONSTRUCTION  
& MAINTENANCE COMPANY

April 21, 2004

Secretary of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32399

Attn: Eula Peterson  
Reinstatement Department

Re: Rega Group Inc.  
8301 S.W. 58<sup>th</sup> Street  
Miami, Florida 33143

Dear Ms. Peterson:

Please allow this letter to serve as our written request to re-instate our corporation. The renewal went to the wrong address. Please mail all correspondence to Rega Group Inc. @ 8301 S.W. 58<sup>th</sup> Street, Miami, Florida 33143.

If any additional information is needed, please do not hesitate to contact me at your earliest convenience. I have enclosed herewith the money order for \$ 300.00 to cover the fees.

Thank you for your assistance.

Sincerely,



Francisco Regalado  
President

Cc: File