

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 22 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000006275

1. Corporation Name

Regal Food Service, Inc.

REINSTATEMENT 04-08

000115806930
01/23/08--01002--007 **900.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1731 Old Okeechobee Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

Zip

33409

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 01/16/2003

5. FEI Number

82-0581551

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

Johannes Vergouwen

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

1731 Old Okeechobee Rd

Suite, Apt. #, Etc.

City

West Palm Beach, Florida

State

FL

Zip Code

33409

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/15/2008

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
Chair	Don J. Hindman	1731 Old Okeechobee Rd	West Palm Beach, Florida
Pres.	Donald D. Hindman	Same	Same
Sect.	Donald D. Hindman	Same	Same

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 contained in Chapter 119, 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:

DONALD D. HINDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08
Date

2/1/25
Daytime Phone #