

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000062905

1. Entity Name  
REGAL REALTY GROUP, INC.



FILED

07 FEB 19 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
245 E. TRADEWINDS ROAD  
WINTER SPRINGS, FL 32708

Mailing Address  
245 E. TRADEWINDS ROAD  
WINTER SPRINGS, FL 32708

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

REIN-P

CR2E098 (1/07)

4. FEI Number  
52-2442564

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TESTERMAN, JULIE  
245 E. TRADEWINDS ROAD  
WINTER SPRINGS, FL 32708

REINSTATEMENT 06-07

Name

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

City

FL

Zip Code

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

*Julie Testerman*

2/16/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TESTERMAN, JULIE  
STREET ADDRESS 245 E. TRADEWINDS ROAD  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President  
NAME Sidney B. Testerman  
STREET ADDRESS 245 E. Tradewinds Road  
CITY-ST-ZIP Winter Springs, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

*Julie Testerman*

2/16/07

407.701.1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 2/19