

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 11 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO5006007545

1. Corporation Name

REGINA L BYRNE INC

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

4122 SW Tumble Street

Suite, Apt. #, etc.

City & State

Port St Lucie FL.

Zip

34953

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL.

Zip

Country

7. Name and Address of Current Registered Agent

Name

REGINA L BYRNE

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

4122 SW Tumble Street

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34953

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

1/13/2005

5. FEI Number

NONE

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Regina L Byrne
REGISTERED AGENT MUST SIGN

Date

7/30/08

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 |
|--------------|--------------------------------------|---|---------------------|
| <u>Pres</u> | <u>REGINA L BYRNE</u> | <u>4122 SW Tumble St</u> | <u>PSL FL 34953</u> |
| <u>Sec</u> | <u>REGINA L BYRNE</u> | <u>4122 SW Tumble St</u> | <u>PSL FL 34953</u> |
| <u>Tres.</u> | <u>REGINA L BYRNE</u> | <u>4122 SW Tumble St</u> | <u>PSL FL 34953</u> |
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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:

Regina L Byrne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGINA L BYRNE

7/30/08

Date

772-985-1053

Daytime Phone #

M. Mitchell

AUG 11 2008