



## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REAGAN TECHNOLOGIES INC

(Name of Corporation)

**DOCUMENT NUMBER:** PO5000032895

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

W RALPH WILLS

(Name of Person)

TAMPA ACCOUNTING GROUP

(Name of Firm/Company)

813 W KENNEDY BLVD SUITE 200

(Address)

TAMPA, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

W RALPH WILLS

(Name of Person)

at ( 813 )

259-4886

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

# ARTICLES OF CORRECTION

for

REAGAN TECHNOLOGIES INC

Name of Corporation as currently filed with the Florida Dept. of State

P05000032895

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct ARTICLES OF INCORPORATION

(Document Type)

filed with the Department of State on MARCH 02, 2005

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME SPELLED INCORRECTLY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

REGAN TECHNOLOGIES, INC


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

W RALPH WILLS

(Typed or printed name of person signing)

**Filing Fee: \$35.00**

  
(Signature of person signing)  
*Incorporator*

FILED  
05 MAR 25 AM 10:42  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA