

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023302

1. Corporation Name

REGINA GROVE, INC.

Principal Place of Business

Mailing Address

6900 S. ORANGE BLOSSOM TRAIL
SUITE#432
ORLANDO FL 32809
US

6900 S. ORANGE BLOSSOM TRAIL
SUITE#432
ORLANDO FL 32809
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3185510

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	DROIT, FRANCIS	6900 S. ORANGE BLOSSOM TR.	ORLANDO FL
PD	CORCELLE, FRANCOISE	6900 S. ORANGE BLOSSOM TRAIL	ORLANDO FL

300009749793
12/30/02-01115-008 **759.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOUCHENOT, BERTRAND
6900 S ORANGE BLOSSOM TRL
STE 432
ORLANDO FL 32809

Name

WALTER THOMAS JERKINS JR.

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

90 Blue Grass Growers LLC.

Suite, Apt. #, Etc.

16050 West Orange Avenue

City

Fl. Pierce

State

FL

Zip Code

39945

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Walter Thomas Jerkins Jr.
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Dec 23, '02

11. 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)(i), 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:

Corcelle
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)