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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 14 PM 4:32

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008506

1. Corporation Name

REY REGALADO & ASSOCIATES INC.

Principal Place of Business

10450 NW 132ND ST  
HALEAH GARDENS FL 33018

Mailing Address

10450 NW 132ND ST  
HALEAH GARDENS FL 33018



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/02/1994	
City & State		City & State		5. PBI Number	
Zip		Zip		65-0489392	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>2. To Do Business in Florida</small>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
S	REGALADO, OLGA	10450 NW 132ND ST	HALEAH GARDENS FL
P	REGALADO, RENALDO J	10450 N.W. 132ND ST.	HALEAH GARDENS FL

6. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
REGALADO, RENALDO JR 10450 NW 132ND ST HALEAH GARDENS FL 33018		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0806, F.S.

Signature of Registered Agent: *Rey Regalado* **SIGNATURE REQUIRED** Date: 10-12-99  
REGISTERED AGENT MUST SIGN

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: *Rey Regalado* **SIGNATURE REQUIRED** Date: 10-12-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2380 (REV)

AP

**Florida Department of State**  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850)922-4004

**From:**  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**REY REGALADO & ASSOCIATES INC.**

Certificate of Status	1
Certified Copy	0
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