PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUN -3 AM 10: 21
DOCUMENT # P94000033488 1. Corporation Name		SEUNE ARY OF STATE FALLAHASSEE, FLORIDA
Regency Manufacturing	Company, Inc.	
2. Principal Office Address	3. Mailing Office Address	Y APRILADO
3603 N, EStreet	Suite, Apt. #, etc.	REMSTATEMENT 62-05
		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	To Do Business in Florida 5/2/1994 5. FEI Number Applied For
Tensacola FC Zip Country 32501 USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 1807 Via Detun Dervic 26 (Sq. 6) in a Prive Suite, Apt. #, Etc. City City State State FL 3256/ 8. I, being appointed the registered agent of the above named corporation and tamilian with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent BEGISTEREMAGENT MUST SIGN Date T27/05		
Signature of Registered Agent Date 5/27/0.5		
Nama	Vor Director (Florida nonprofit corporations must list at le	
Officers and/or Directors	Street Address of Each Officer and/or Director	. City / State / Zip
P/S/T Ronald Ramsey	1807 Via DeLune Dr	Pensacola Beach, FL 32561
		800055989438 06/10/0501003016, **1200.00
		0,010
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 filling 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: SIGNATURE: Data Destruction of 617, F.S. I further certify that when filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		