

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

97 MAR 27 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Regency Events, Inc.

P 940000 53320

Principal Place of Business

Mailing Address

3045 N. Federal Hwy
Ft Lauderdale FL 33306

REINSTATEMENT

95-97

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

EFF. 7/14/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0603381

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Richard Welsh	1100 S.E. 14 th St.	Deerfield FL 33441
Treas.	Mark K Crane	518 N.E. 13 th Ave	Ft. Lauderdale 33301
V.P.			
Sec			

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***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

Irene Lapidus
7451 W. Oakland PK Blvd
Ft. Lauderdale FL 33319

9. Name and Address of New Registered Agent

Name Robert B. Judd, Esq.
Street Address (P.O. Box Number is Not Acceptable)
100 N.E. 3rd Ave, Suite 400
Suite, Apt. #, Etc.
City Fort Lauderdale State FL Zip Code 33301

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.

Signature of
Registered Agent

Robert B. Judd
REGISTERED AGENT MUST SIGN

Date 3/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Welsh

Date

3/20/97

Daytime Phone #

984 548-6348

CR2E040 (1/96)