

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 10:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 894 000065332

1. Corporation Name

Ocean Regency Corporation

2. Principal Office Address - No P.O. Box #

900 N. Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Office Address

900 N. Atlantic Ave

Suite, Apt. #, etc.

City & State

Daytona Beach Fl.

City & State

Daytona Beach Fl.

Zip

32118

Country

U.S.A.

Zip

32118

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 6, 1994

5. FEI Number

52-1891631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dennis Parker

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

900 N. Atlantic Ave.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dennis Parker

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Dennis Parker	900 N. Atlantic Ave.	Daytona Beach Fl. 32118

REINSTATEMENT

95-08

400126938484
04/29/08--01046--010 **2100.00

34/30/08

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 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 contained in Chapter 119, 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:

Dennis Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-08

Daytime Phone #

386-852-0479