

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 3:53

DOCUMENT # P95000037587

1. Corporation Name

REGAL PROPERTY MANAGEMENT, INC.

2. Principal Office Address

927 S. Clara Ave.

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

Volusia

3. Mailing Office Address

P. O. Box 86

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32721-0086

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/1995

5. FEI Number

59-3361826

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

DeLuca, Stephen B.

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

927 South Clara Ave.

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

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

Date 12/5/2001

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
D	DeLuca, Stephen B.	927 South Clara Ave.,	DeLand, FL 32720

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 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: ✓

Stephen B. DeLuca

12/5/2001 (386) 734-6654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)

Regal Property Management, Inc..
P. O. Box 86
DeLand, Florida 32721-0086
Phone: (904) 734-6654
Fax: (904) 734-5053
(800) 330-3520

December 5, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

VIA: Federal Express

Re: Reinstatement – Regal Property Management, Inc.

As discussed with one of the agents in your office (Kathy) I am enclosing a completed Corporate Reinstatement form, along with a check in the amount of \$300 which is the filing fee for the past two years on the above-noted corporation.

I am requesting consideration for waiving the \$600 fee associated with reinstatement since this was a clerical error on the part of a former employee and had nothing to do with Mr. DeLuca's desire to dissolve the corporation or to avoid paying the fee.

In reviewing the last report filed (4/9/99), it would appear the mailing address was not corrected to reflect a new P. O. box number and upon your department mailing out the 2000 reports, they were simply returned because the forwarding notice had expired. Please consider this clerical error and do whatever you can to abate the fee normally assessed since it was merely an oversight when filing the other 6 reports due at the same time.

Thank you in advance for your consideration.

Sincerely,



Jeanette L. Ferdig
Administrative Manager

Encl. (2)