

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 20 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006404

1. Corporation Name

REGAL PROPERTIES OF TAMPA, INC.

2. Principal Office Address

5204 St. Paul St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip 33619

Country

US

3. Mailing Office Address

c/o Edward M. Livingston, PA

Suite, Apt. #, etc.

P.O. BOX 1599

City & State

Winter Park, FL

Zip

32790

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3420365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

1998-2002 UBR

7. Name and Address of Current Registered Agent

Name

Edward M. Livingston, Esq.

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

628 Ellen Dr.

Suite, Apt. #, Etc.

City

Winter Park, FL

State
FL

Zip Code
32789

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

Edward M. Livingston

Date 26 Feb 2002

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/P	Geneva Medlock	22710 S. Shore Dr.	Lando O'Lakes, FL 34639
D/S	Lisa Nation	905 Oak Hollow Place	Brandon, FL 33510
D/V	Roger Nation	905 Oak Hollow Place	Brandon, FL 33510
D/P	Eric W. Carroll	2002 54th St. South	Tampa, FL 33619

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:

Lisa Nation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Nation, Secretary

02/13/02

Date

(813) 623-2277

Daytime Phone #

CR2E081 (9/01)