PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# P97000045445

1. Corporation Name

REGENCY PINES COVE, INC.

Principal Place of Business

Mailing Address

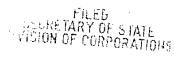
1000 NYACK ST NW PALM BAY FL 32907

SIGNATURE:

907 CHEEOKEE RD SE PALM BAY FL 32909

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



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						DEINIS'	PATEMENT	(YO)
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							Oraled or Qualified	
2. (10						To Do Business in Florida 05/19/1997		
Suite, Apt.	#, etc.		Suite, Apt. #	etc.		5. FEI Number Applied For		
City & State City & State							59-3448796	Not Applicable
						6		
Zip Country		Zip		Country		SATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprot	fit corporations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
						BALLA BAY EL COCCA		
Р	PINA, DORIS			1000 N YACK ST NW		PALM BAY FL 32907		
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						Mul	;	
						b		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent		
Name						o. Hallo allo Audicoo o Hook Augusto and A		
DINA DADDY								
PINA, BARRY 1000 NYACK ST NW PALM BAY FL 32907					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
					familiar with and accept the	hliantians of Soct	FL FL	
•		e registered agent of the	ove named corp	oration, am 1 معراد خا	familiar with and accept the c	Junganuna di Seci		
Signature o Registered	of Agent	Jores Ti	REGISTERED AC		sign fine		Date 10/17/0	0
							-1	ordification and an ellipse
11. I certify this reir	rtnat i am an e nstatement ap	omicer or director or the re plication, the reason for di	ceiver or trustee ei ssolution has beer	mpowered to n eliminated,	execute this application as the corporate name satisfies	provided for in cha s the requirements	apter 607 or 617, F.S. I further c s of section 607.0401 or 617.040	1, 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