

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL -7 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066128

1. Corporation Name

REGAL LAKE, INC.

800158214008
07/07/09--01028--016 **1050.00

2. Principal Office Address - No P.O. Box #
6515 GRAND TETON PLAZA

3. Mailing Office Address
6515 GRAND TETON PLAZA

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

City & State
MADISON WI

City & State
MADISON WI

Zip Country
53719 USA

Zip Country
53719 USA

4. Date Incorporated or Qualified
To Do Business in Florida 07/28/1998

5. FEI Number
58-2408340

☐ 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
STROSS LAW FIRM, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1801 PEPPERTREE DRIVE

Suite, Apt. #, Etc.

City
OLDSMAR

State Zip Code
FL 34677

☐ 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

Date 6/26/09

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	E.J. PLESKO	6515 Grand Teton Plaza, Ste 300	Madison, WI 53719

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.J. Plesko

Date

6/25/09

608-833-7600

Daytime Phone #

7 2009