

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000109095	
1. Entity Name REGENESIS CENTERS, INC.	



FILED

06 NOV -3 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11022006 REIN-P CR2E098 (11/05)

Principal Place of Business 250 NE 3RD AVENUE DELRAY BEACH, FL 33444	Mailing Address 250 NE 3RD AVENUE DELRAY BEACH, FL 33444
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2. Principal Place of Business 900 N. FEDERAL HWY Suite, Apt. #, etc. SUITE 260	3. Mailing Address Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State
Zip 33432	Country USA

4. FEI Number 65-0968840	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INVERNALE, ANNE 250 NE 3RD AVENUE DELRAY BEACH, FL 33444	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 PLAZA REAL SO. APT 934 City BOCA RATON FL Zip Code 33432	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Anne Invernale</i>	DATE: 11/02/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INVERNALE, ANNE 250 NE 3RD AVENUE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D 101 PLAZA REAL SO APT 934 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MARK KALLAN 900 N. FEDERAL HWY STE 260 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S GERALD BRESLAUER 900 N. FEDERAL HWY STE 260 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400081503574 11/03/06--01041--015 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>06</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>JK 11/06</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Anne Invernale</i>	DATE: 11/02/06 DAYTIME PHONE: 561-807-8383