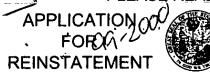
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

FILED LALIARY OF STATE VISION OF CORPORATIONS

00 MAR -6 PH 3:48

DOCUMENT #

1. Corporation Name

Principal Place of Business

910 AIRPORT RD.

DESTIN FL 32541

SUITE A-2

Signature of

US

V09832

Mailing Address

SUITE A-2

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

910 AIRPORT RD.

DESTIN FL 32541

3. New Mailing Office Address, If Applicable

REGENCY BUILDERS, INC.

2. New Principal Office Address, If Applicable

STATEMENT 99 00 4. Date Incorporated or Qualified

| | <u></u> | | | | | | To Do Business in Florida 01/15/1992 | | | | |
|---|---|----------------------|---------------------|--|--------------------------|--|--------------------------------------|----------------------------|------------------------|-------|--|
| Suite, Apt. #, etc. City & State | | | Suite, Apt. #, | Suite, Apt. #, etc. City & State | | | 5. FEI Number | | | | Applied For |
| | | | City & State | | | | | 59-3110453 | | | Not Applicable |
| Zip | Co | untry | Zip | | Country | | 6. CERTIFICATE | OF STATUS DESIRED | | | tional Fee required tificate of Status |
| 7. Names | and Street Address | es of Each Officer a | nd/or Director (Flo | rida nonprof | it corporations must lis | st at leas | st 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors 2 | | | Street Address of Each Officer and/or Director 3 | | | | City / State / Zip | | | |
| VP/T | RUNNELS, DAVAGE J JR | | | | 106 WAYNELL CIRCLE | | | FORT WALTON BEACH FL 32548 | | | |
| P/S | MCNABB, PETE M | | | 1390 FORT PICKENS ROAD #227 | | | , | PENSACOLA FL 32572 | | | |
| | | | | | | | 41 | 0000316 -03/09/00 | 343 | 39 | 49 |
| | | | | | | | | -03/09/05 ****900. |)() : 00 | *** | 7017 :**300.00 |
| | | | | | | | \B.1 | 1 | | | |
| | l . | | | | | | 13 | /8 | | | |
| 8. Name and Address of Current Registered Agent | | | | | | Name and Address of New Registered Agent | | | | | |
| RUNNELS, DAVAGE J. III 36468 EMERALD COAST PARKWAY | | | | | Name | | | | | | |
| | | | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 2201 DESTIN FL 32541 | | | | | Suite, Apt. | Suite, Apt. #, Etc. | | | | | |
| UESII | IT FL 32341 | | | | City | | | | State | Zip C | ode |

11. Legrify that Lam 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 reinstaltement 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.

10. I, being appointed the registered agent of the above named corporation, any familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

Daytime Phone #

Date