PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 15 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # v71083

1. Corporation Name

REGAL AVANTI, INC.

Principal Place of Business	Mailing Address
111 S.W. 3rd Street 6th Floor McCormick Bldg. Miami, FL 33130	111 S.W. 3rd Street 6th Floor McCormick Bldg. Miami, FL 33130

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
9475 N.W. 13th St.	9475 N.W. 13th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33152	City & State: Miami, FL 33152
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/1997

5. FEI Number: 65-0361801 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒ ($9.75 Additional Fee required for a certificate of status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	VARELA, ALVARO	9475 N.W. 13th St. Miami, FL 33152	MIAMI FL 33152
D/S	VARELA, MARIO	9475 N.W. 13th St.	MIAMI, FL.33152

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8. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 S.W. 3rd St.
6th Floor
McCormick Bldg.
Miami, FL 33130

9. Name and Address of New Registered Agent

Name: TOLAND, BRUCE J
Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue
Suite, Apt. #, Etc.: 1501
City: Miami | State: FL | Zip Code: 33131

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

Signature of Registered Agent: _____ Date: 11/10/99
REGISTERED AGENT MUST SIGN

11. 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: X _____ 11/10/99 (305) 477-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIO VARELA, DIRECTOR