


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 29 AM 10:48

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 894 000065332

1. Corporation Name  
*Ocean Regency Corporation*

2. Principal Office Address - No P.O. Box #  
*900 N. Atlantic Ave.*

3. Mailing Office Address  
*900 N. Atlantic Ave.*

City & State  
*Daytona Beach Fla.*

City & State  
*Daytona Beach Fla.*

Zip Country  
*32118 U.S.A.*

Zip Country  
*32118 U.S.A.*

4. Date Incorporated or Qualified To Do Business in Florida  
*Sept 6, 1994*

5. FEI Number  
*52-1891631*

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
*Dennis Parker*

Street Address (P.O. Box Number is Not Acceptable)  
*900 N. Atlantic Ave.*

Suite, Apt. #, Etc.

City State Zip Code  
*Daytona Beach FL 32118*

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 *Dennis Parker* Date \_\_\_\_\_

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
<i>President</i>	<i>Dennis Parker</i>	<i>900 N. Atlantic Ave.</i>	<i>Daytona Beach Fla. 32118</i>

REINSTATEMENT 95-08  
400126938484  
04/29/08--01046--010 \*\*2100.00  
34/30/08

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: *Dennis Parker* *Dennis Parker* 4-24-08 386-852-0479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #