

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022534

1. Corporation Name

THE ECLECTICAL REALTY GROUP - FLORIDA, INC.

Principal Place of Business

125 ST EDWARDS PL  
PALM BEACH GARDENS FL 33418

Mailing Address

125 ST EDWARDS PL  
PALM BEACH GARDENS FL 33418



02-4BR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0818654

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DEMARIA, WILLIAM	125 ST EDWARDS PL	PALM BEACH GRDNS FL 33418

200008593462

10/25/02--01058--012 \*\*158.75

8. Name and Address of Current Registered Agent

MATHISON, STEPHEN S ESQ  
5606 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*William Demaria*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

*10/23/2002*

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:

*William Demaria* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/23/02*

Daytime Phone #

*561 288 5072*

CP2E040 (8/02)

2082

ECLECTICAL REALTY GROUP  
125 ST. EDWARD PL.  
PALM BEACH GRDNS, FL 33418

DIVISION OF CORPORATIONS  
ANNUAL REPORT REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE FL 32314-6327

DEAR SIR,

PLEASE BE ADVISED THAT WE NEVER RECIEVED THE TWO PRIOR NOTIFICATIONS OF THE UBR REPORT DUE. WE ARE ASKING FOR YOUR OFFICE TO PLEASE WAIVE THE PENALTY FEE. ENCLOSED IS THE \$150.00 FILING FEE PLUS \$8.75 FOR A COPY OF THE CERTIFICATE OF STATUS. THANK YOU FOR YOUR CONSIDERATION

SINCERELY,



WILLIAM DEMARIA  
PRESIDENT