PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -5 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08 KS

CR2E081 (12/07)

DOCUMENT # F03000003452

1. Corporation Name
IRG Palmetto, Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| One West Avenue | One West Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Larchmont, NY | City & State: Larchmont, NY |
| Zip: 10538 Country: USA | Zip: 10538 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: July 10, 2003

5. FEI Number: 90-0097895 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

☐ 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: Cynthia A. Harris Cynthia L. Harris Asst. Vice President Date: 11/4/08
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 |
|---|---|---|---|
| CFO | Stuart Lichter | One West Avenue | Larchmont, NY 10538 |
| Pres | Margaret Kolb | One West Avenue | Larchmont, NY 10538 |
| Sec | Stuart Lichter | One West Avenue | Larchmont, NY 10538 |
| | | | |
| | | | |
| | | | |

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: _____ 11/03/08 Date 310 473 6400 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I2000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

C. Harris

## CORPORATION REINSTATEMENT

### IRG PALMETTO, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $1,050.00 |

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