## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F03000003452

Entity Name: IRG PALMETTO, INC

City-St-Zip:

LARCHMONT, NY 10538

FILED Dec 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ONE WEST AVENUE ONE WEST AVENUE LARCHMONT, NY 10538 SUITE 220 LARCHMONT, NY 10538 **Current Mailing Address: New Mailing Address:** ONE WEST AVENUE ONE WEST AVENUE C/O QUADRELLE REALTY SERVICES, LLC LARCHMONT, NY 10538 LARCHMONT, NY 10538 FEI Number: 90-0097895 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: CORPORATION SERVICE COMPANY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition LICHTER, STUART Name: Name: ONE WEST AVENUE Address: Address: City-St-Zip: LARCHMONT, NY 10538 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LICHTER, STUART Name: ONE WEST AVENUE Address: Address: LARCHMONT, NY 10538 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition KOLB, MARGARET Name: Name: ONE WEST AVENUE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STUART LICHTER **CFO** 12/04/2009