

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

02 NOV 15 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004721

Name and Mailing Address

0006122 01 FP 0,352 **PRST T9 0 0615 32256-361357



PALM REALTY GROUP, LLC
8257 BAY TREE LANE
JACKSONVILLE FL 32256-3613



2. New Mailing Address 1630 EMERSON STREET City, State, Zip JACKSONVILLE, FL 32207		4. State/Country of Formation FL	
3. New Principal Place of Business Address 1630 EMERSON STREET City, State, Zip JACKSONVILLE, FL 32207		5. Date Organized or Qualified To Do Business in Florida 03/27/2001	
Principal Place of Business 8257 BAY TREE LANE JACKSONVILLE FL 32256		6. FEI Number 053-36-7757	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent HOWELL, BRYAN 8257 BAY TREE LANE JACKSONVILLE FL 32256		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1630 EMERSON STREET City JACKSONVILLE FL Zip Code 32207	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> Date 11/3/12 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER MGR	BRYAN HOWELL	8257 BAY TREE LANE	JACKSONVILLE, FL 32256
100009024281 11/15/02--01066--003 **150.00			
REINSTATEMENT 2002			

CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date 11/3/12 Daytime Phone # 904-346-3661

Typed or printed name of signing Managing Member/Manager