

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 10: 53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004721

Name and Mailing Address

0001612 01 AT 0.292 \*\*AUTO TR 0 0615 32207-610430



PALM REALTY GROUP, LLC  
1630 EMERSON ST.  
JACKSONVILLE FL 32207-6104



2. New Mailing Address

City, State, Zip

Principal Place of Business

1630 EMERSON ST.  
JACKSONVILLE FL 32207

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03/27/2001

6. FEI Number

05-3367757

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

HOWELL, BRYAN  
1630 EMERSON ST.  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

700024893297  
11/20/03--01076--001 \*\*150.00

City

FL

Zip Code

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date Nov 19 - 2003

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
MGR	HOWELL, BRYAN	8257 BAY TREE LANE	JACKSONVILLE FL 32256

**REINSTATEMENT 2003**

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 REQUIRED**

Date Nov 19 - 2003

Daytime Phone # 804-346-3668

Typed or printed name of signing Managing Member/Manager