

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 19 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L03000015508*

1. Limited Liability Company's Name

PALM BEACH REALTY GROUP, LLC.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

304 PILGRIM ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

Zip *33405* Country *US*

4. State/Country of Formation

FL - PALM BEACH

5. Date Organized or Qualified
To Do Business in Florida

4-30-03

6. FEI Number

421588720

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

Name

WILLIAM DAVID HARRELSON

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

304 PILGRIM ROAD

Suite, Apt. #, Etc.

City

State

Zip Code

WEST PALM BEACH

FL

33405

☒ A \$100 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 \$100
reinstatement be waived.

9. 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]
REGISTERED AGENT MUST SIGN

Date *10-16-09*

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	WILLIAM DAVID HARRELSON	304 PILGRIM ROAD	WEST PALM BEACH FL
			33405
			800161911428 10/20/09--01002--018 **277.50
			REINSTATEMENT-08-09
			C.F.

11. 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

Date *10-16-09* Daytime Phone # *561-594-4000*

Typed or printed name of signing Managing Member/Manager *WILLIAM DAVID HARRELSON*