

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000015508

1. Limited Liability Company's Name

PALM BEACH REALTY GROUP, LLC.

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

304 Pilgrim Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

FL

Zip 33405

Country US

Zip

Country

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

West Palm Beach

State

FL

Zip Code

33405

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


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
MBR	William David Harrelson	304 Pilgrim Road	West Palm Beach FL
			33405
		800161911426	
		10/20/09-01002-018	**277.50
		REINSTATEMENT-08-09	
		CJ.	

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

FILED

09 OCT 19 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

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

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.