

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 17 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002438

1. Corporation Name

PALM BEACH REALTY PARTNERS, INC.

400004844854--8

-01/30/02--01053--030

****900.00 ****900.00

2. Principal Office Address

214 BRAZILIAN AVE.

3. Mailing Office Address

214 BRAZILIAN AVE.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

PALM BEACH FL

City & State

PALM BEACH FL

Zip

33480

Country

Zip

33480

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-00

5. FEI Number

65-0986679

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK A. MCCORKLE

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

214 BRAZILIAN AVE.

Suite, Apt. #, Etc.

SUITE 200

City

PALM BEACH

State

FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Mark A. McCorkle

Date

1-15-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	MARK A. MCCORKLE	214 BRAZILIAN AVE #200	PALM BEACH FL 33480
S, T, D	LESLIE ROBERT EVANS	214 BRAZILIAN AVE. #200	PALM BEACH FL 33480

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Mark A. McCorkle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

(561) 659-6533

Daytime Phone #

CR2E081 (9/01)