

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 29 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055523

1. Entity Name
ALBAR REALTY, INC.



Principal Place of Business:
14050 US HIGHWAY ONE
JUNO BEACH, FL 33408

Mailing Address:
14050 US HIGHWAY ONE
JUNO BEACH, FL 33408

2. Principal Place of Business - No P.O. Box &

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03272007

REIN-P

CR2E096 (1/07)

4. FEI Number:
01-0698929

Applied For
Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHACKLETON, ALBERT
14050 US HWY ONE
NORTH PALM BEACH, FL 33408

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature of person named as registered agent, entitled to practice

(NOTE: Registered Agent signature required when reinstating)

or

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFF	PO	☐ Delete
NAME	SHACKLETON, ALBERT	
STREET ADDRESS	14050 US HIGHWAY ONE	
CITY-STATE-ZIP	JUNO BEACH, FL 33408	
OFF	STD	☐ Delete
NAME	SHACKLETON, CLAYTON	
STREET ADDRESS	14050 US HIGHWAY ONE	
CITY-STATE-ZIP	JUNO BEACH, FL 33408	
OFF		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
OFF		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
OFF		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

OFF	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
OFF	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
OFF	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
OFF	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/04/07--01044--003 **150.00

12. I, the entity, certify that the information submitted with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information included on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address with all of the following:

SIGNATURE:

ORIGINAL AND TYPE OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

3/28/07

Date Page(s) Page(s)

To: Tina Carter

3-28-07

FROM: John O'Keefe

As per our phone conversation attached are the forms plus the checks for the following Corp.

- 1.) Ocala 150 Realty Inc
- 2.) Juno Village Realty Inc
- 3.) Al Bar Realty Inc.

In closing I want to thank you for all your help in resolving this matter, please send out the Corp to Mr. Shackleton

Respectfully
John O'Keefe