

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

112

FILED

2006 OCT 13 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

4. FEI Number **20-3167610** 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

KELLEY, CRAIG I ESQUIRE  
1665 PALM BEACH LAKES BLVD  
SUITE 1000  
WEST PALM BEACH, FL 33401

Name  
Street 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]* **10/8/06** DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, FRANCIS F III	
STREET ADDRESS	2725 PGA BLVD	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADAMS, FRANCIS F JR	
STREET ADDRESS	2725 PGA BLVD	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300080828173</b>	
STREET ADDRESS	<b>10/13/06--01041--016 **158.75</b>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **10/8/06** **562-626-7002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/19

2/2

**Illustrated  
Properties**  
Real Estate, Inc.

October 9, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Regarding:** 2006 Profit Corporation Reinstatement  
**Entity Name:** PGA / IPRE REALTY CORP.  
**Document #:** P05000089529

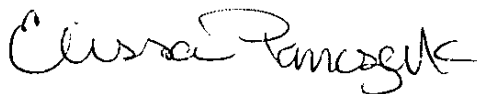
I have just received our company's Notice of Dissolution/Revocation in the mail and was unaware of any prior notices that may have been sent. Therefore, in accordance with §607.193(2) (b), F.S., I did not enclose the \$600.00 reinstatement fee.

In order to reinstate our corporation, I have enclosed the following:

- Check # 46880 in the amount of \$158.75 (file fee of \$150.00, plus the \$8.75 fee for the Certificate of Status)
- A completed 2006 Profit Corporation Reinstatement form.

If you should have any questions, please feel free to contact me.

Sincerely,



Elissa Panczak  
Accounts Payable  
Illustrated Properties  
561-776-4424 (direct line)  
561-776-4590 (fax line)  
epanczak@ipre.com