


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000160401	
1. Entity Name THE REAL ESTATE AGENCY GROUP INC	

Principal Place of Business 5445 OAKMONT VILLAGE CIRCLE LAKE WORTH, FL 33463	Mailing Address 5445 OAKMONT VILLAGE CIRCLE LAKE WORTH, FL 33463
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2. Principal Place of Business 13693 Exotica Lane Suite, Apt. #, etc.	3. Mailing Address 13693 Exotica Lane Suite, Apt. #, etc.
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City & State Wellington, FL Zip 33414	Country Palm Beach	City & State Wellington, FL Zip 33414	Country Palm Beach
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6. Name and Address of Current Registered Agent DUBOSE, ANGELA 5445 OAKMONT VILLAGE CIRCLE LAKE WORTH, FL 33463	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Angela Dubose (NOTE: Registered Agent signature required when reinstating) DATE: 10/11/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUBOSE, ANGELA 5445 OAKMONT VILLAGE CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13693 Exotica Lane Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>B 10/18/06</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081185212 10/25/06--01032--009 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Michael J. Dubose</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Angela Dubose DATE: 10/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
2006 OCT 12 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112006 REIN-P CR2E098 (11/05)

4. FEI Number 20-3901356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	