

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000011726

1. Corporation Name

HOLMES REALTY, INC.

Principal Place of Business

2791 NORTHLAKE BLVD
PALM BEACH GARDENS FL 33410

Mailing Address

11585 US HWY 1
PALM BCH GARDENS FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11585 U.S. Hwy. One
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same
Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State

Zip 33408 Country Palm Beach

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1993

5. FEI Number

65-0397790

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HOLMES, MARK E	11585 US HWY 1	PALM BEACH GARDENS FL 33410

8. Name and Address of Current Registered Agent

HOLMES, MARK E
11585 US HWY 1
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-12-01

11. 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 E HOLMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-01 / 561-622-2142

FILED

01 OCT 15 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

700004649407--9
-10/23/01--01030--002
****750.00 ****750.00

1LS

CR2040 (8/01)