

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P97000044739

1. Corporation Name

PALMER REALTY GROUP, INC.

Principal Place of Business

Mailing Address

8447 S. TAMiami TRAIL
SARASOTA FL 34238
US

8447 S. TAMiami TRAIL
SARASOTA FL 34238
US

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

2. New Principal Office Address, If Applicable
4134 Gulf of Mexico Dr.

3. New Mailing Office Address, If Applicable
4134 Gulf of Mexico Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longboat Key, FL.

Longboat Key, FL.

Zip 34228

Country USA

Zip 34228

Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1997

5. FEI Number

65-0753040

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
TOD	WARREN, SIMON	7140 BENEVA RD.	SARASOTA FL 34238
P	HUGHES, DON Murray, Tad	8447 S TAMiami TRAIL 8588 Potter Park Drive	SARASOTA FL 34238 Sarasota, FL 34238
D	WOOD, KATHLEEN Brown, Anthony J.	363 RENOIR DR 4134 Gulf of Mexico Drive	OSPREY FL 34229 Longboat Key, FL 34228
AV	WINTER, BRUCE	1630 SOUTHWOOD ST	SARASOTA FL 34238
AV	MCNEIL, MAY	6211 MEDICOT #308	SARASOTA FL 34238
AV	RILEY, DENNIS	1401 JOHN DINGLING PIKE	SARASOTA FL 34238

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARREN, SIMON 7140 S. BENEVA SARASOTA FL 34238	Name Brown, Anthony J. Street Address (P.O. Box Number Not Acceptable) 4134 Gulf of Mexico Dr. Suite, Apt. #, Etc. Suite 302 City Longboat Key State FL Zip Code 34228
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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

Date 11/14/2000

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2000 941-387-0809

Date Daytime Phone #