

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062520

1. Corporation Name

Signature Realty Group, Inc.

2. Principal Office Address - No P.O. Box #

1555 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite 1002

City & State

W. Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

1555 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite 1002

City & State

W. Palm Beach, FL

Zip

33401

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/97

5. FEI Number

65-0170015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

E. Llywd Ecclestone, III

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

1555 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.

Suite 1002

City

W. Palm Beach, FL

State

FL

Zip Code

33401

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

E. Llywd Ecclestone, III

REGISTERED AGENT MUST SIGN

Date April 27, 2009

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	E. Llywd Ecclestone	8895 N. Military Trail #111B	Palm Beach Gardens, FL
			100155389441 05/04/09--01045--024 **1350.00
S	Roasanne Diretti	"	"
T	Catherine Shugars	"	"
P	Jonathan Rapaport	"	"

10. 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 contained in Chapter 119, 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:

E. Llywd Ecclestone, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2009

Date

561-627-1270

Daytime Phone #

Reinst 2004-2009

5-11-09